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CONTENTS
October, 1921

ORIGINAL ARTICLES—

Activity of a Tubercular Lesion — Francis A. Finnerty, D.O. ... 73
Specific Technique for Blindness — Curtis H. Muncie, D.O. ... 74
Transplantation of Human Thyroid Gland for Cretinism —M. B. Harris, D.O. ... 78
Osteopathy and Body Defences —Leon E. Page, D.O. ... 79
Non-Surgical Drainage of the Gall Bladder—W. W. Blackman, D.O., M.D. ... 81
Applied Anatomy of the Lymphatics. IV—Lymphatics of the Abdomen—F. P. Millard, D.O. ... 82
The Endocrine Brain. IV—Valencies of the Adrenal Bodies—E. E. Tucker, D.O. ... 83

EDITORIALS—

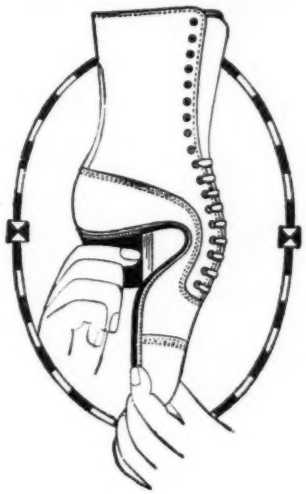
Asymmetry and Anomalies ... 87
The Editor's Viewpoint ... 88
The Value of A.O.A. Membership ... 90
Publicity ... 90
A New Era ... 91
Mr. Gray's Address ... 92
Dues ... 92
Correction ... 93
Solidarity Through Co-operation ... 93

PROBLEMS OF THE PROFESSION

Publicity—A. L. Evans, D.O. ... 94
Our Greatest Opportunity — Percy H. Woodall, D.O. ... 95
Public Organization — Francis A. Cave, D.O. ... 95
Student Recruiting Campaign —H. C. Wallace, D.O. ... 97
Regarding Copy for Paid Advertising — H. M. Walker, D.O. ... 98

DEPARTMENTS—

X-Radiance: Anatomical Variations of the Accessory Sinuses—Dr. Earl R. Hoskins, D.O. ... 98
Hydrotherapy: The Fomentation — Morris Lychenheim, D.O. ... 99
Osteopathic Hospitals and Sanitariums—Detroit Hospital ... 101
Report and Recommendation of President of the O. W. N. A. —Josephine L. Pierce, D.O. ... 102
Current Literature — G. V. Webster, D.O., Editor ... 105
Case Reports ... 108
The Right to Prescribe Alcohol ... 109
Letters to the Editor ... 111
Book Reviews ... 111
Osteopathic Publications and Periodicals ... 111
Division and Local Societies ... 115
Notes and Personals ... 117
Applications for Membership ... 120
Changes of Address ... 120



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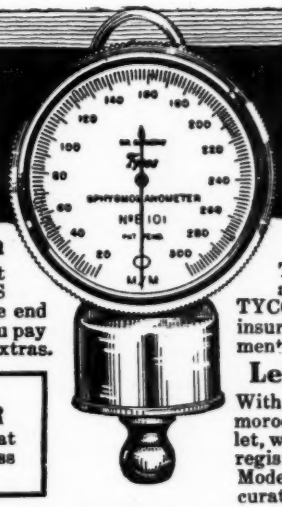

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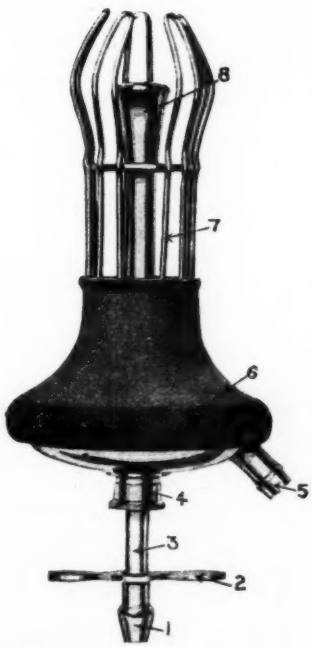

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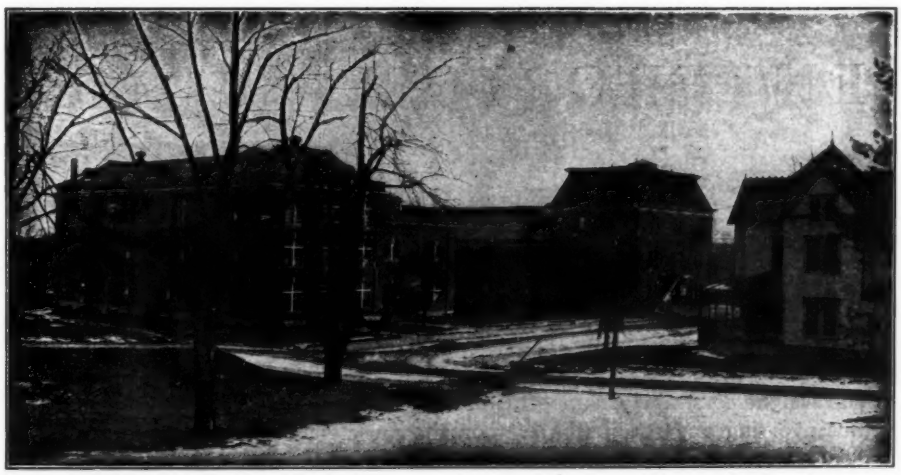

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Activity of a Tubercular Lesion

FRANCIS A. FINNERTY, D.O., Montclair, N. J.

(Paper before the Cleveland Session of the A. O. A., July, 1921).

AN attempt will be made in this short paper to define, in as academic a manner as possible, clinically active tuberculosis or what specialists call "clinical activity," in a patient suffering from pulmonary tuberculosis, so that we who are responsible may see better the chief points of diagnosis.

To say that a patient has tuberculosis is insufficient. A patient may have had pulmonary tuberculosis for a number of years and he may be suffering in no way from symptoms thereof. The symptoms might be wrongly attributed to the slumbering tuberculous lesion. It is of the greatest importance to make a differential diagnosis, to differentiate between other diseases of more or less importance which sometimes produce symptoms resembling tuberculosis. Weekly and monthly many cases, which are arrested or non-clinical tuberculosis, are referred to the sanatoria of today. It would seem that if a differential diagnosis could be made between non-clinical tuberculosis and a clinically active tuberculosis, a great amount of worry, financial strain and unpleasantness would be saved to all concerned. Prompted by these reasons, I shall endeavor to present, briefly, clinical activity in such a manner as to make it of value to the general practitioner.

Clinical Activity

Clinical activity is that state of tuberculosis in which there is a definite communication of the tissue juices, blood, lymph, etc., within a focus which is not sufficiently walled off. These communications produce the clinical, laboratory and physical findings which are indicative of clinical activity and denote whether the lesions are active or retroactive.

Among those symptoms which I consider positive symptoms are elevation of temperature and a rapid pulse. These are without question the result of the toxemia from the focus. As a result of the toxemia causing elevation of pulse and temperature, there is produced very definite reflex muscular spinal lesions over the spinal segments of the parts supplying the diseased area. Hence it is that one may very often foretell the approach of clinical activity by careful palpation of the spinal areas.

Pathological Activity

Activity in a pulmonary focus is present as long as there are tissue mutations taking place whether these changes are destructive or in process of repair. We are always certain that when activity is present, pathological activity must necessarily be present. On the other hand, tissue changes of destruction or repair (or pathological activity) can be determined and long after all signs of clinical activity have passed. It is an established fact that pathological activity precedes clinical activity by a considerable degree. Proof of the aforementioned pathologic activity is very clearly visualized by one who does a large amount of X-ray work, and at necropsies in the larger hospitals in this country or in Europe.

It is true that pathologic activity must precede clinical activity and in certain conditions the physical and pathologic findings cannot be correlated any more than the clinical activity and physical signs; for instance, a patient may have definite symptoms of clinical activity for a week or more before there is the slightest sign of increased physical findings, etc.

In correlating the pathologic activity with the laboratory findings and x-ray tissue mutations, I will mention a few of the important physical findings and symptoms in regard to the clinical activity.

Laboratory Findings

The tubercle bacilli in the sputum demonstrated more than once, is the nearest possible proof of pathological activity, but it must be clearly understood that absence of the tubercle bacilli does not exclude pathological activity, for Brown states, that in 70 per cent of the cases without tubercle bacilli in the sputum, pathological activity may be present.

The complement fixation test is usually positive in the positive sputum cases, but its negative value is not worth very much. The finding of tubercle bacilli in stools has the same value in regard to the pathologic activity as that obtained from sputum. The urine and blood do not help us materially. The complement fixation, showing a difference of from 55 to 100 per cent among its workers, has too great a variance. I mention this with the greatest respect that I have for Petroff, the man who perfected this test.

X-ray Findings

One may hazard a guess as to the degree of chronicity or acuteness of the disease present from the appearance of well-made stereoscopic plates or films. The several pathological phenomena can, for the most part, be quite clearly defined.

Infiltration which is the first sign of pulmonary tuberculosis is usually detected by change in the trunks and linear markings, the barking of a tree, or pussywillow appearance, or light cottony density usually above the third rib are suggestive. The point that I stand for is interpreting from a radiographic point of view the finding of the conglomerate tubercle —described by Cole in the early days as the all important finding—which I wish to call "Tuberculization." (I have been able to produce these shadows

EDITOR'S NOTE:—In an early number the JOURNAL will print another article from Dr. Finnerty on other phases of this very important condition.

after the nineteenth day in the guinea pig by using broth with an atomizer of the emulsion of the human strain of tubercle bacilli.)

Caseation

While caseation and cavitation can be very clearly shown, not in every case can the line of demarcation between caseation and calcification be shown. In the repair of the lung in tuberculous cases certain changes occur, clearing, fibrosis, contractions and obliterations, cavities and calcification. When the patient has a chronic focus in the chest in one part of the lung and has a subacute extension, this can be very readily visualized; or in a bilateral involvement the older lesion can be easily detected by the advanced tissue mutations present. A degree of haziness or cloudiness, puffy or cotton ball appearance, together with the diminished aeration of the part, are all suggestive of infiltration and may or may not be clinically active. It is only by a serial examination that the tissue mutations may be clearly studied so that we know whether we are dealing with the progressive or retroactive condition. These changes which I have enumerated may be present whenever there are signs of clinical activity. Therefore, we must regard them as pathological activity. "It is possible to have definite evidence of tuberculization present with tubercle bacilli present in the sputum and have the lesion changes entirely cleared up." Cole was the first to call attention to this in his early writings. This type he referred to as the "exudative type."

Pleurisy

Pleurisy denotes at least a temporary activity of the pleural focus and probably the intra-pulmonary focus. Among the most important symptoms some of which are found in diseases other than tuberculosis but when occurring in a tuberculous patient are suggestive of clinical activity are, hemorrhage, which occurs as an accident in the course of the disease and may or may not be suggestive of activity, the streaked sputum, languor, night sweats, etc.

Physical Signs

The recent pleurisy is very important, also the finding of crepitant rales. The presence or absence of ordinary rales does not mean activity as they may exist for many months after all signs of clinical activity have passed.

Summary

Pathologic activity may be present and sputum may be negative for a tubercle bacilli; langour, night sweats, chills, loss of weight, cough, etc., do not necessarily mean tuberculosis. These symptoms may be caused by absorption from a toxemia from a given source; the presence of moderately coarse rales do not mean anything as regards activity; the finding of recent pleurisy and crepitant rales are positive physical signs of activity in a patient suffering from tuberculosis; elevation of temperature, a rapid pulse and pleurisy, wet or dry, occurring in a patient with pulmonary tuberculosis are positive evidence of activity; hemorrhage in a tuberculous patient is suggestive of activity. Activity may or may not follow hemorrhage. Few occur as accidents in the course of the disease; in general, the correlation of clinical, physical and x-ray findings makes it possible for us to decide whether tuberculosis is active, requiring treatment, or healed.

40 Park Street.

Specific Technique for Blindness Due to Detached Retina, Optic Atrophy and Papillitis

(Address before the Cleveland Session of the A. O. A., July, 1921).

Curtis H. Muncie, D.O., Brooklyn, N. Y.

FINGER surgery has given to the therapeutic world a technique which is destined to revolutionize the treatment of diseases of the eye, ear, nose and throat. It is the one method which is based upon the removal of the cause of disease, through the adjustment of deranged structures or the reconstruction and normalization of same. It has given to suffering humanity a basis for hope, for it has restored hearing to the deaf, speech to the mute and sight to the blind.

The principles have been established, but it behooves each of us to acquire skill and individuality of technique To this end as in dealing with bony lesions, there should be a reason for every move we make, and our technique should be accurate, definite and dependable, with a constant curative result. In other words, we should aim to be specific.

I.

Small finger of right hand about to pass under upper lid.

The following is an attempt to analyze a technical procedure which has produced definite and startling results in restoring sight through recovery from a disease classed as incurable.

Several months ago a gentleman, 55 years old and totally blind, came to me for a diagnosis, giving the following history:

While on a ladder cutting a limb off a tree, the branch hit his head a severe blow and he fell from the ladder to the ground with no apparent injury. A few hours later his vision became smoky—floating bodies soon appeared, followed by total blindness of the right eye. His left eye had been blind for five years, due to cataract.

After having consulted several eminent oculists and having treated under them for a period of nine months, his case was given up as hopeless.

Upon ophthalmoscopic examination I found that the retina was detached to the extent of about two millimeters at the macular region, including the inferior central section. Upon studying the case from an osteopathic, finger-surgery

viewpoint, the following technique was evolved, which, after three treatments, restored his vision so that he could see to walk about, and in three months' time he could read quarter-inch letters, finally improving to 20/70 vision.

Similar results obtained in two other cases prompt me to report the following theory and technique: Detachment of the retina has many causes, such as subretinal hemorrhage, tumors, exudations, etc. By far the most common cause, however, is trauma, as

II.
Position of operator. Finger under lid as far as supra orbital rim.

the result of blows. This type only will be discussed here.

Before the trauma occurs is an underlying cause which renders the patient's retina susceptible to detachment. This cause is a combination of conditions

III.
Same as No. 2. Close view

as follows: First, hypotension of the eyeball; second, interchoroido-retinal edema; third, myopia.

1. Hypotension is due to a decrease in the quantity of vitreous which automatically lowers the pressure against the retina and encourages its detachment. The loss of vitreous is brought about indirectly through an excessive drainage of intraorbital lymph through the canal of Schlemm, which canal is enlarged because of the widening angle formed at the sclera-corneal

IV.
Stretching palpebral fissure. Note index finger being used as fulcrum

junction (angle of filtration), present in these eyes due to the elongation of the eyeball (myopia).

2. The edema between the retina and choroid is quite a constant finding, and its presence is particularly substantiated by the fact that the detachment in traumatic cases occurs usually in the posterior inferior aspect of the globe at the lowest point of gravity. So constant, indeed, is this that a detachment in the superior portion of the retina should make one suspicious of tumor.

This edema may be due to two causes: (a) Osseous lesions, especially the occiput, causing a loss of vaso-

V.
Entering orbital cavity. Traction of lower lid facilitates displacement downward of globe.—(Edwards).

motor equilibrium; (b) valvular lesions of the heart, with loss of compensation, causing venous regurgitation through the jugular, lateral sinus, cavernous

sinus, ophthalmic veins to choroidal plexus. All of my cases have had both conditions present. Edwards' theory* that exophthalmos is due to postorbital edema from prolonged cardiac systole, seems to be borne out in principle here.

VI.

Relaxing superior oblique (in myopia) and other extrinsic muscular contractures. Index finger as fulcrum and guide.

3. The myopia that is present and in which state the eyeball is elongated, encourages the retina to pull away at its posterior pole (the point of greatest elongation).

With this combination of decreased tension, edema and myopia present, it requires the proper kind of jar to displace the retina.

VII.

Passing into infra orbital space

When speaking of displaced retina, I believe we are nearer the truth, for, according to May, * * "The retina is connected with the subjacent choroid at the entrance of the optic nerve and at the ora serrata. Elsewhere it simply lies upon this tunic, but is not attached to it."

From the foregoing we can formulate the following propositions from which to evolve a specific technique for the treatment of this disease. We must: First, increase the intra-ocular tension; second, overcome the interchoroido-retinal edema; third, overcome myopia; fourth, replace the retina.

This being accomplished, recovery is dependent upon nature's power to repair the damage done to the retina.

The world owes Dr. Edwards a debt of gratitude that it can never replay in full for evolving finger surgery. His intraorbital technique in glaucoma has been a revelation. His theory is reasonable, but the best of all, it works in practice.

A careful analysis of detached retina and glaucoma will show that many of the pathologic conditions present in the one disease is just opposite to that of the other.

VIII.

Correcting muscular lesions (contractures). Relaxing infra oblique (myopia)

In Glaucoma	In Detached Retina
Hypertension	Hypotension
Closure of the canal of Schlemm due to the sharp angle formed.	Enlargement of the canal of Schlemm, due to the lessened angle formed
Hypermetropia	Myopia
Retina pushed back and cupped disk	Retina pulled forward and detached
Intraocular edema	Edema behind retina
Gradual blindness	Sudden blindness

A reversal of Edwards' technique for glaucoma is the indicated treatment for retinal detachment. The technique, therefore, consists in: First, increasing the intraocular pressure; in other words, overcoming the myopia which will automatically increase the corneal-scleroid angle and decrease the excessive drainage of serum through the canal of Schlemm; second, correcting neck and upper dorsal lesions affecting the circulation to the eye, thereby re-establishing the vasomotor equilibrium and overcoming edema which may be present between the retinal and choroidal coats; third, treatment directed to the recompensating of the heart; fourth, replacing the retina through the medium of the vitreous body, by pressure.

*See J. D. Edwards. D.O., June *Osteopath*, Treatment of Exophthalmic Goitre.

**May, "Diseases of the Eye," 6th Edition, page 213.

This can be done accurately, safely and definitely. A two per cent solution of cocain hydrochlorid is dropped into the eye. Then the small finger sterilized, and with the nail trimmed to the cushion is passed under the upper lid. A gentle stretching of the lid will relax the palpebral fissure. The finger is then passed within

IX.

Rocking the globe. For post orbital drainage. Flushing the capillaries through dilatation of palpebral fissure.

the orbital fossa above the globe. Traction on the lower lid away from the eye will facilitate entrance into the orbitral cavity. All supraorbital tissues, especially the obliques, are relaxed. The finger then passes into the infraorbital area and the same work done.

X.

Forward dislocation of globe (very short period in detachment and myopia).

This technique improves the circulation to the eye and thereby overcomes the edema. It also normalizes all the muscles of the eye. The eye is not taken out, as in glaucoma, except for a few seconds to free post-orbital drainage, but rather pushed further in. This pressure inward at the sclerocorneal junction remoulds the eyeball, increases the sclerochoroid angle and overcomes the myopia and the decreased drainage through canal of Schlemm.

During this pressure the eyeball is rotated to free drainage and to relax the inferior and superior

XI.

Moulding the globe (myopia) sharpening the corneo scleroid angle

obliques, which are always in a state of tonus in myopia, and in this state are the cause of the myopia.*

The retina is replaced by causing pressure on the eyeball directly opposite the area of detachment. This is accomplished through the medium of the aqueous and vitreous. This pressure also reduces postretinal

XII.

Replacing retina (pressure). Draining the post-retinal dropsy.

edema. Immediately following treatment, the eye is irrigated by means of a De Vilbiss eye irrigating atomizer. About two ounces of a 50 per cent solution

*W. H. Bates. M.D., "Perfect Sight Without Glasses." page 39.

of alkalol is thus sprayed into the conjunctival sacs as a soothing and prophylactic measure. This treatment should be given three times a week and a compression bandage used three times a day to the point of discomfort, to aid in the absorption of exudate and in replacement of the retina.

Light aggravates these cases. Smoked glasses should be worn and the patient instructed to guard against exposure to excessive light.

Conclusions

1. The osseous lesion is the basis of orbital pathology and precedes the same, making the retina subject to detachment from trauma;

2. Our point of therapeutic attack, therefore, should be specific bony lesion osteopathy, plus specific osteopathic finger surgery, as outlined;

3. By so doing, all causes are corrected and the effect is treated as well. Recovery is then dependent solely upon nature's power to repair the traumatic injury and restore normal cell activity.

This technique may be modified so as to be specific in the successful treatment of optic atrophy, intraocular, optic neuritis, myopic astigmatism and many other orbital diseases. The principle involved is the adjusting of deranged orbital tissue, establishing muscular balance and normal circulation.

In the case of optic atrophy, the globe is taken out of the orbital fossa for a full quarter of an inch and held in this position until the globe is quite congested (physiologic limit). This causes sufficient pull on the optic nerve to break down the tiny fibrous* adhesions which act as constricting bands about each bundle of optic nerve fibers located at the lamina cribrosa. It also frees the post-orbital circulation. Some of my greatest victories in practice have been in the restoration of vision in cases which were given up as hopeless because of an apparent complete atrophy. The same principle obtains in the treatment of orbital disease as in other disease, namely: First, a knowledge of the pathology present; second, locating the causative lesion and determining its character; third, applying a specific technique for the removal of the cause.

195-205 Hicks Street.

*Lamina cribrosa—See page 230, "Disease of the Eye": May, sixth Edition.

Transplantation of the Human Thyroid Gland for Cretinism

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Jelliffe tells us that cretinism is a general term applied to a combination of mental and physical changes, which in the young result from loss or diminution of the thyroid gland function.

The cretin picture is analogous to that seen in the adult after removal of both lobes of the gland. Cretinism appears sporadically or as local endemic degeneration affecting a large number of persons, causing hypothyreosis which may exhibit several tendencies, such as goitre, goitreous heart and endemic cretinism. Cretinism and kindred ills were known in Roman times and observations were made of some types in Asia. In the mountainous districts of Switzerland and Northern Italy affections of the thyroid gland have been very common for two centuries. As late as 1900 the writer observed a great number of the women of Switzerland, (where cretinism is more prevalent than in America) were afflicted with goitre, especially those carrying loads on their heads. In some regions it became a veritable plague. The Swiss army in ten years lost 2500 men from this cause alone. The people in certain valleys in South European countries are especially afflicted, causing students of the subject to believe waters of these valleys are a contributing cause.

As to the etiology it seems certain that these conditions are due to defect in thyroid substance and loss of thyroid hormones. In the case under discussion, we attribute the pathology to congenital absence of function of the thyroid gland and not to defect in the gland substance. It is not necessary for us to describe the technique used in our operation of transplantation of human thyroid gland, done June 19, 1921, as surgeons are familiar with the details of this operation. The parents consulted us first the latter part of May 1911, in regard to their three and a half year old daughter. The patient was not able to walk, stand or even sit unsupported. We saw a typical clinical picture of cretinism with complete absence of muscle tone and strength, apparently slight ossification of the shaft bones, fortanelles open, tongue hypertrophied till it overfilled the mouth, protruding between the teeth, with constant drooling, fullness of eyelids, enlarged expressionless facial features, flabbiness of every muscle and skin, low hair line on forehead, pot belly, and harsh unnatural throat sounds.

From the first nursing was difficult and movements were loggy, when there were any movements. Patient usually lying quiet, not even healthy crying. A doctor in Wisconsin was first consulted, when baby was three months old in regard to the difficulty in nursing and put on bottle. Nursing bottle in an indifferent manner until beginning thyroid treatment in May, 1911. The extract of thyroid was given in gradually ascending doses beginning with grains one half three times daily, age four years, increasing to grains two three times daily unto time of operation, age fourteen years, occasionally interrupting treatment. Dentition began early part of second year, teeth decaying and crumbling soon after eruption, but thyroid stopped the teeth decay at age of four and a half years. From this time every symptom improved gradually, including the relief of constipation. Patient beginning to take some interest in surroundings; beginning to walk in fifth year and talk in eighth year.

When patient was eight years old she began to learn from her two year old brother to say some words, and when twelve she used some sentences. It is too early for full realization of our hopes but since the transplantation of the gland, we notice she is much more interested in everything happening around her, and uses fairly well connected sentences in answering questions, and in conversation; and observe marked mental contrast approaching mental alertness. The patient is now fourteen years old.

There is almost no printed data in medical literature on the subject of transplantation of thyroid gland, but we hope to help create interest in this subject, and encourage the reporting of transplantations which have been neglected.

Fair Theatre.

Osteopathy and the Body Defences

LEON E. PAGE, D.O., Newport, Vermont

FOR a quarter of a century the most able minds in the medical world have been dealing with the facts of infection and immunity. During the same period osteopathic physicians have been demonstrating clinically many of the laws of immunity and resistance to infection which have been formulated after years of research. But between the two bodies of workers there has been no co-operation. The research workers have formulated their laws and have made many attempts to apply them therapeutically, but with meagre success, while osteopathic physicians have applied them, very often in ignorance, with a success that would have made the research workers' hearts leap with joy had a similar practical result followed their own work.

Since it is universally observed that truth ultimately prevails, it is only a matter of time until the two forces shall be united, that is, until the research workers see that osteopathic methods constitute the most practical means of bringing into play the natural body defences against diseases, and osteopathic physicians use the material already collected for further research into the field of infectious diseases.

To the osteopathic physician and student the most interesting chapter in the accumulation of knowledge relating to infection and resistance is that which deals with the origin of antibodies. In the present discussion phagocytosis will not be considered, but a brief survey of the properties of immune serum from an osteopathic standpoint will be given.

It has been shown that in those diseases known as infectious, the manifestations of which are brought about by the presence of bacteria and their toxins in the tissues. the recovery is brought about by antibodies formed in the blood serum of the invaded body. Such antibodies are the antitoxins which directly neutralize the exogenous toxins of the bacteria, the agglutinins, precipitins and cytolysins which attack the bacteria themselves. These substances are produced by the body cells as a result of the biochemical stimulus furnished by the invading bacteria.

Since every recovery from a bacterial disease takes place because of the action of antibodies and phagocytosis, the main therapeutic principle to be followed is to produce antibodies and favor phagocytosis. Because of the interesting fact that the serum of a passively immunized animal which contains antibodies against the disease for which it was immunized, when injected into another animal, will confer its immunity to the new animal, the research men have tried to found on this fact a new method of treatment. To their disappointment, they have discovered that only in the case of bacteria which form an exogenous toxin can this happy result be accomplished in any measure of success. The result is that after an incredible amount of experiment only two diseases can be successfully treated by antitoxin, viz., diphtheria and tetanus. This is because practically all the bacteria produce their results by an endogenous toxin which is bound up in the bacteria themselves and therefore cannot be directly neutralized by an antitoxin.

Were it not for this failure of an immunized serum to attack successfully the endotoxin of bacteria, osteopathy could not compete with serum therapy in the infectious diseases. But, since such a prodigious amount of labor has failed to produce results, it would seem that the time is ripe for an investigation into methods for exciting the formation of nature's own antibodies in the body of the infected patient. Osteopathy has proved clinically that this can be successfully accomplished. without being able to demonstrate in scientific terms the precise connection between the osteopathic technique and the appearance of more antibodies than would otherwise have been produced. The assumption is warranted that in most instances the results were blind; that is, that the operator could not point to a definite manœuvre and demonstrate that it was responsible for the observed results. Such, however, will have to be the case before the osteopathic treatment of the infections can be accepted as scientific.

The first step in such an investigation will be to determine the place of origin of the antibodies and the factors necessary for their formation. Apparently this matter has been neglected at the hands of the medical research workers. Only a few facts are presented which show where or how the antibodies are formed. It is essential that, in order to understand the relation of osteopathic technique to the phenomena of immunity, as much knowledge of the formation of antibodies as is available be collected.

Since the cell is the ultimate functional unit of the body, it must be considered as the source of the protective substances contained in immune sera. In some manner, as yet unknown. there is formed as a result of the complex biochemical activities of the living cell, antitoxins, precipitins, agglutinins, etc. The cell is activated to the production of these substances by the presence of the bacteria or their toxins. The reaction is always specific. Each antigen produces its own antibody, but no other. The first essential to antibody formation is the presence of the bacteria or toxins themselves.

Although the exact process by which antibodies are produced by the cell are unknown, it must be assumed that the activities of the cell in producing antibodies result from the same forces as do the ordinary processes of metabolism, such as growth, secretion, reproduction, etc. The metabolism of a cell depends upon the nourishment and oxygen brought by the blood and the energy supplied by the nerve connections. We may, therefore, conclude that antibody formation depends absolutely upon the nutrition and nerve energy received by the cell which produces the antibody. If we can determine what cells produce the antibodies the therapeutic problem is reduced to making an effort to increase or normalize the nutrition and nerve energy to those cells.

As yet no conclusive evidence is at hand to show what tissues are mainly concerned in antibody formation, but it is reasonably certain that the spleen, lymphatic glands and bone marrow are the principal sources. The spleen is especially active, according to Lane. It has been demonstrated that there is a hundred fold more of antibody in the spleen of an immunized animal than in its blood serum. It is generally admitted, however, that cells in any part of the body may be concerned in antibody formation when stimulated by toxin.

The nature of the infection would undoubtedly have considerable influence on the location of the antibody-forming process. In the case of diphtheria and tetanus there is a widely diffusible toxin which comes in contact with tissues remote from the source of infection and the actual distribution of the bacilli. In septicemia the germs themselves come in contact with a wide extent of cells. In these cases antibody formation would occur in many cells aside from the special organs mentioned. In localized infection, as circumscribed abcesses, the chief sources of antibodies would probably be in the special antibody-forming organs.

The therapeutic path is now cleared up to a certain point. The object to be attained is a stimulation of nutrition and nerve supply to the spleen, lymphatics, bone marrow and also the cells which come in contact with the bacteria or toxins. It has been evident since osteopathic technique was first directed toward infectious diseases that this object was nearly always attained, and this under the most diversified methods of treatment. It is also evident that these facts have not claimed the attention of the research workers in the field of immunology. There has been no explanation of the observed facts offered. It has not been clearly shown how osteopathic technique accomplishes these results. Our claims for a specific method of treating infections cannot be recognized by scientific sources until such an explanation is forthcoming.

The scientific demonstration of the curative effect of osteopathic treatment to a given case demands accurate knowledge of several factors. In the first place, the causative organism must be known, together with its manner of attacking the tissues. The reaction of the tissues to the organism must then be considered whether it is by the formation of antitoxin, agglutinin precipitin or bacteriolysin. A definite method of technique must be employed the effects of which on the antibody-forming tissues are definitely known. The circumstances surrounding the treatment must be controlled and all other factors which might have an effect on the production of antibodies checked up and deducted according to their value.

The difficulty in attaining this ideal demonstration lies in the fact that with the exception of stimultion of the spleen no one procedure of osteopathic technique can be said without doubt specifically to stimulate antibody formation aside from the general effect on the body as a whole. Another difficulty lies in the fact that little is positively known about the effect of diet, heat, cold, rest, exercise, mental states and complicating pathological conditions on the production of antibodies. The task may be made more clear if a summary of our present knowledge is attempted in order to show more clearly what remains to be done.

As has already been stated, the organs most concerned in antibody formation are the spleen, lymphatics and bone marrow. The nutrition and nerve supply to these organs constitute the means by which they are kept alive and make possible antibody formation. The blood supply is of most importance and brings to the cell free oxygen and the products of digestion, from which the substances produced by the cell are formed. Since the actual processes of metabolism and antibody formation, as they occur in the cell, are not yet clearly understood, the only means of affecting them are those measures which will influence the blood and nerve supply. The blood supply to a definite group of cells reaches them by means of capillaries. The amount of blood in the capillaries depends upon the drainage through the veins and the diameter of the capillaries. The venous drainage may be affected by obstruction along the course of the vessels between the beginning of the capillaries and the heart. Such obstructions may result from mechanical pressure on the veins, thrombosis, exudates or inflammatory processes. The diameter of the capillaries and arterioles depends upon the vasomotor nerve endings, which in turn depend for their activity upon stimuli received from various parts of the body, particularly the skin, and the integrity of the sympathetic nervous system.

When we say that we stimulate an organ to greater activity it must be shown just how the stimulus, wherever applied, reaches the cells to be stimulated. In order to stimulate the spleen, lymphatics, and bone marrow we must apply a known form of stimulation in such a way that it will be transmitted to the tissues in question and result in increased metabolism brought about by a greater supply of fresh blood, better venous drainage, and increased nerve impulses.

The technique for stimulating the spleen, as outlined by Dr. McCollum, consists in a preparatory relaxation of the muscles on the left side of the spine from the seventh dorsal to the second lumbar vertebra. The ribs overlying the spleen are then lifted and let fall, thus giving the spleen a direct jar. Then placing the fingers well up under the ribs while the other hand holds the ribs firm behind the spleen is gently squeezed. These manœuvers furnish a mechanical stimulus which is transmitted to the spleen, theoretically resulting in increased arterial flow and venous drainage with a resultant augmentation in metabolism. Aside from the clinical result observed or even the proof of an increased antibody content in the blood serum, it remains to be shown just how the jar or squeeze to the spleen increases its metabolism. In the case of the lymphatics and bone marrow, which are less advantageously formed and placed, such procedures are still more difficult. But the fact remains that nothing more specific than a general spinal relaxation has repeatedly brought about results which must have been due to an increase in antibodies.

As long as this connection between the relaxation of spinal muscles, the correction of spinal lesions, the movement of spinal joints, the mechanical jarring and squeezing of organs, the producing of pressure or friction over nerve centers, and the increase in the antibody content of the blood serum of infected patients, is unaccounted for, osteopathy will remain an unscientific treatment and receive no notice from the workers in immunity. On the other hand, if the research workers despair in their attempts to produce artificial immune sera from other animals, and direct their attention to an attempt to make the body form its own antibodies, osteopathy will have little to show from a scientific standpoint that it was first on the field.

There are many other problems of like nature. We say dogmatically that certain pathological states will follow certain lesions. The lesion apparently decreases the resistance of a certain tissue, or causes

congestion, or deprives them of nourishment, or causes pressure on the nerve. No student of osteopathy doubts that lesions do these things and thereby bring about pathological states which would not have occurred otherwise. But it is a different matter to explain in scientific terms either how the lesion caused the disease or just how a removal of the lesion cured it.

The accumulation of clinical results brought about by an unexplained method of treatment will accomplish nothing. It is necessary that active measures be taken on a larger scale than at present to trace the connection between the spinal lesion and the actual pathology present, and also to determine the means by which osteopathic technique brings about normal functioning, especially in the infections.

Non-Surgical Drainage of the Gall-Bladder

W. W. Blackman, D.O., M.D., Atlanta, Ga.

A PRACTICAL method has recently been devised for emptying the diseased or stagnant gall-bladder which has proved of great value in the experience of gastro-enterologists of reputation in several of the medical centers of this country. This discovery is attracting the widest interest on the part of physicians, for heretofore the gall-bladder has presented a peculiarly difficult problem, both in diagnosis and treatment. Our ability now to withdraw the bile for examination chemically and microscopically and to empty repeatedly by the diseased gall-bladder of its thickened or infected bile, without operation and without great inconvenience to the patient, is a happy step forward.

Gall stones are found in 20 per cent of all autopsies upon adults, and in 50 per cent of those upon women who have borne children. Yet gall stones are found in only one-third of the cases of proved gall-bladder disease. We have long known of the tremendous prevalence of the stagnant and infected gall-bladder without stone and that "dyspepsia." infectious joint troubles, migrain headaches, "neurasthenia." "chronic appendicitis," "ulcer" and "biliousness" were many times but disguised manifestations of gall-bladder disease. Still, too often, except for outspoken cases in which there was typical gall-bladder colic and obstructive jaundice calling aloud for surgery, these cases have gone untreated and indefinitely diagnosed or unsuspected.

The method, in skillful hands, is not one presenting much difficulty for the patient. A small, soft rubber tube, with a capsule-sized metal tip on the end, is swallowed, warm water being drunk, perhaps, to facilitate its quick passage. Our patient now lies on his right side and the tube gradually finds its way out of the stomach into the duodenum. When this has occurred about two ounces of magnesium sulphate solution is passed into the duodenum through the tube. As first demonstrated by Meltzer, this produces for about an hour relaxation of the duodenum and gall duct and painless contractions of the gall-bladder. The first bile drawn out through the tube is from the bile duct. The next is from the gall-bladder, and more concentrated. The last is from the ducts which lead from the liver to the gall-bladder and is the thinnest of the three specimens. When the drainage is completed an antiseptic is introduced and the tube is quickly removed.

The procedure, performed two or three times per week for six to ten times, and coupled with abdominal fomentation and perhaps some well considered medication, has given most gratifying results by ridding the gall bladder of infected bile; dark, thick, cloudy bile; gritty material and small or soft stones. Flaky and string mucus, epithelial cells, pus cells, and blood corpuscles are variously found in the material withdrawn.

While the normal capacity of the gall bladder is one and one-half to two and one-half ounces. there have been instances of this organ yielding by this method more than a quart of undoubted gall-bladder bile, as cited by Dr. Frank Smithies of Chicago. Dr. Vincent Lyon of Philadelphia, who developed the technique of non-surgical biliary drainage, urges it (1) as a means of diagnosis of biliary disease; (2) as an alternative method of treatment of many types of gall-bladder and duct disease in which there arises a question of opinion as to whether surgery is or is not emphatically indicated; and (3) as a supplementary method after surgery which has not been completely successful.

Stagnation and infection underlie nearly all gall-bladder diseases. Stagnation is produced by fasting in fevers, irregular eating and "reflex" and other known causes not to be discussed in a short article. Infection is borne to the gall-bladder by the blood and lymph channels and migrates there from the mouth, duodenum, colon and neighboring organs. The answer is—drainage, obviously, and correction of what causes may remain operative.

The organisms most commonly found are typhoid and colon bacilli, and strepto-, pneumo-, and staphylococci.

Cholesterin is an ingredient of bile. When its concentration is too high in the bile. as in fevers and pregnancies, a gall stone nucleus is formed. Succeeding infections deposit successive rings of mucus, bacteria, debris, calcium and cholesterin. In this manner, over the years, the gall stone is slowly built up.

One observer breaks recovered gall stones in half and polishes the inside surfaces. This enables him to study the rings as one would those of a tree and to read there the history of one's gall-bladder disease. The reader will grasp the fact that if all infected and stagnant gall-bladders were opportunely drained stone formation could not occur. More important, however, would be the recognition and relief of a cause of many secondary gastro-intestinal symptoms and other disturbances mentioned above.

The gall-bladder is connected with the bowel tract by its narrow duct, through which it delivers the important secretion of the liver. Its situation is not unlike that of a warehouse setting back up a lane from the highway. By this ingenious method of drainage, of Meltzer and Lyon, it is brought more closely within the range of our remedial efforts.

Blackman Sanitarium.

Applied Anatomy of the Lymphatics

F. P. MILLARD, D.O., Toronto

IV—LYMPHATICS OF THE ABDOMEN

ABOUT 90 per cent of white people are constipated. The vast majority are slaves to laxatives. Some take oil, others anything from senna to salts. It is easy to reason out the effect constipation has on the lymphatics. The great receptaculum chyli, with its numerous tributaries, is in a constant state of overtaxation. Ptosis and venous stasis are inevitable. The lymph vessels and nodes in the mesentery are chronically enlarged and overburdened. The dragging down of the transverse colon, including the hepatic and splenic flexures, interfere with the drainage of the lymph in the reservoir. Autointoxication includes lymph retardation. Toxic accumulation is obvious when ptosis or stasis is present.

Splanchnoptosis is one of the vital causes of lymph blockage. The vasomotor control of the abdominal viscera normally is possibly one of the best arranged systems in the body.

The vasomotor nerves in the visceral vessel are more elaborate than found elsewhere. The preganglionic fibers are longer and are not supplanted by the postganglionic fibers until the solar plexus is reached. This gives unusual tone to the vessels given off from the abdominal aorta. But ptosis alters the normal condition, and we find not only a lack of tone in the vasomotors but also a faulty innervation impulse in the peristaltic arrangement and control. The sagging of the bowels produces stress upon vessels, nerves and lymph channels.

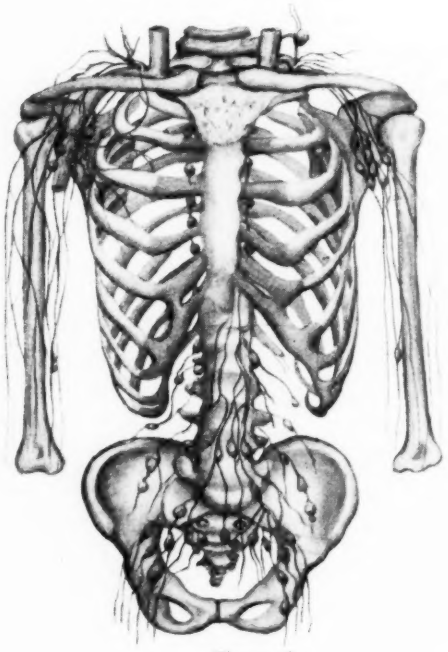

Figure I.
Deep Lymphatics of Thorax

No organ or tissue remains normal where there is an altered position in their respective regions. Perfect tone is found where vascularization and innervation remain unimpaired. If the intestines are sagged out of normal line the mesentery is likewise malpositioned and the lymph vessels are not free to carry away their load of lymph.

There is only one method of correcting stasis and ptosis, and, thanks to osteopathic technique, we may by adjustment relieve the stress and restore the sagging viscera. We find the spinal column a container of these nerve impulse centers that control not only the circulation, but the nerve tone and vermicular action of the alimentary tract. We must look to the correction of lesions and scoliotic conditions for a remedy in abdominal disturbances.

First, we must correct innominate lesions, if they exist, as it is useless to attempt spinal correction with the expectancy of permanent results without first having the foundation of the spine in perfect alignment. The sacrum must be true to its axis in relation with the innominates as well. A tilt of the sacrum may be detected when least expected. The limbs must be of equal length, unless a previous break or faulty malnutrition has shortened one. Perfect alignment of osseous tissue first is necessary.

Various vertebral and lower costal lesions, so often found in ptosis, must be corrected as nearly as is possible before we may expect a free flow of lymph. The region of the diaphragm is also very important. An enlarged liver, spleen or pancreas with gastroptosis must demand consideration before we attempt to secure a normalization of the transverse colon.

In order to reach the innervation and vasomotor control of the organs and tissues which are within the region of the diaphragm we must need look higher up for costal and vertebral lesions. This reverts back to the statement that the entire framework must be in perfect alignment.

Just recently I assisted in an autopsy which gave me additional data. The case was of peculiar interest, as I knew the subject had been given serum treatment for a duodenal growth. We spent some time in this post mortem and I examined with care the state of the lymphatics. Each organ below the diaphragm was overhauled to determine the amount of lymphatic involvement. It was almost beyond comprehension. I never knew so many nodes existed. Every node seemed enlarged and indurated. The jaundiced condition, due to duct blockage, and the gastric outlet almost beyond recognition, was surrounded by a lymphatic enlargement and nodular retention that had defied correction.

Just today I examined a lady with hepatic congestion and biliary obstruction who showed on palpation the abnormal condition of the lymph glands. If one is sufficiently interested in lymphatics to carefully palpate in every accessible region, it is astonishing how the condition of the nodes will indicate the patient's complications.

We have called attention to the fact that no organ containing lymphatics can be involved without a corresponding lymphatic disorder. We may not be able to palpate the lymphatics in all abdominal organs, but in many instances we can learn to detect enlarged nodes or lymphatic blockage. In a measure we can estimate the amount of lymph blockage by the degree

of ptosis. We can also determine to a certain extent the lymphatic involvement by the torsion on the duodenum when gastroptosis exists.

The question of lymph regurgitation in gastric trouble is verified in operations for duodenal and pyloric contrictions.

The relation of the kidneys and suprarenals to the cisterna chyli is also significant. The pancreas, with its peculiar position and relation to the stomach and duodenum. gives us an insight into the lymphatic disturbances found in gastric malpositions.

We have much to learn yet as to the real part played by the lymphatics in their relation to the ductless glands, but we have come to believe the physiological chemistry of the body is dependent upon the state in which the lymphatic vessels are sustained. Faulty metabolism must include a blocked lymphatic system at some point at least. The restoration to health depends upon the degree of lymphatic and vessel tone and their fredom from obstruction.

The nerve centers which control the abdominal lymphatics correspond in a measure to those of the vasomotor to the abdominal blood vessels. Perfect alignment of osseous tissue and reduction of organic congestion will clear the lymph vessels when ptosis is remedied unless there is malignant trouble. This week I examined a woman, age 53, who complained of gastric disorders. Upon thorough examination I discovered a growth in the region of the duodenum. X-ray confirmed the diagnosis. The case was a typical one of lymphatic engorgement. The growth suggested malignancy. Upon reconsideration I decided to pass the case up. The involvement was too great, and if malignancy existed it seemed too great a risk to overstimulate the lymphatics. This case was an extraordinary one, and in her atonic condition I felt justified in not attempting what might prove a fruitless task. It seems wise sometimes to give in to a doubt rather than to face a stern fact of defeat later and be accused of spreading the toxins.

There is a limit to the clearance of lymphatic blockage, and it is well to know when to halt. An overtaxed system with constitutional disorders of numerous phases may not be cleared even by the most dexterous adjustment and correction. The lymphatics are sometimes so badly complicated that to attempt to clear may mean adding fuel to the fire. I have admitted this point to show how I feel in these severe cases. But the ordinary cases, where no indication of malignancy is present, justify us in attempting at least to clear the circulation and lymphatic glands of their load.

In this age, when cancer is so prevalent, it is well to be on constant guard to detect growths or conditions which indicate an incurable phase. We are laboring to clarify in our minds as nearly as possible the state of the abdominal viscera in their various relations to benign and malignant classifications.. This may not be possible, but we can come nearer to it by study and research.

The next and concluding article of the series will deal with the lymphatics of the pelvis and lower extremity.

12 Richmond Street, East.

The Endocrine Brain*

E. E. Tucker, D.O., New York City

IV—VALENCIES OF THE ADRENAL BODIES

After realizing to what extent the enzymes from the ovaries carry out the purposes associated with fertilization and development of the ova, or its removal when unfertilized, one is then prepared for a similar evidence of purpose in other organs of internal secretion.

A brief review of the valencies of the adrenal bodies shows phenomena of a wide variety. There are, for instance, valencies in connection with heat, with fat and pigment and color. with acidity, with emergencies, wounds. intoxications, with the kidneys, with sex as we have seen; there are distinct psychic valencies and there are valencies in connection with the heart, arterial and venous systems and several particular aspects of general circulation. together with the sympathetic nervous system in relation with it; there are effects on peristalsis of the intestines; nor are the bones and muscles exempt from its influence. In short, it seems to affect every organ and tissue of the body. Doubtless there is a unity, perhaps a system in all of this variety, and it is that we ask. Doubtless the action in all of these cases is in a definite direction. What is that direction? What is the *subject* or *purpose* with which the adrenals deal?

These valencies in relation with sex we have discussed briefly. Taking that as a starting point, we will ask first what has sex to do with temperature? When we have answered that question we will then pass to the next question in order, and ask, What have sex and temperature to do with fat, hair, pigment, color? and so on through the known valencies, until a unity or an underlying purpose becomes evident.

The answer to the first, however, opens up a wealth of understanding. The functions of sex are heavily conditioned by temperature. In the vegetable world the conditioning is absolute—growth, flowering, pollenization, fruiting, every function of the vegetable world is dependent, and in many ways, on temperature. The animal world has learned to make its own temperature, it is true; and yet so deeply is animal life also dependent on temperature that the rutting season of every wild race of animals is absolutely timed by it; sometimes one or two days out of the whole year constituting the sole mating season.

It is known, then, that the effect of adrenalin (the extract of the medulla of the adrenals) is almost exactly the same as that of cold,[1] as though the reaction to cold were a function of these organs. That this is the case is evidenced by failure to so react in diseases of these organs.[2] The reasoning is simple—that this enzyme, used up in combatting cold or polarized for that purpose, is not available for purposes of reproduction. On the other hand, when the coming of spring relieves it of this burden, it floods the reproductive system and

> In the Spring the young man's fancy
> Lightly turns to thoughts of love.

If we leave out the word "lightly" the quotation would certainly apply equally to the female of the specie.

*Previous articles of this series will be found in the Journal for March, April, May and June.

The understanding that we get from this is that the temperature valencies of the adrenals are primary, the sex valencies secondary; as though the adrenal glands were originally specialized in reference to laws of temperature, external variations in temperature and internal conditions of temperature. The body cannot control external temperature, so must adjust internal conditions to it. Meanwhile there are not a few problems of other kinds in relation with regulation of internal temperatures.

Spring, therefore, ushers in a crisis of endocrine adjustment; so that any disbalance, especially on an adrenal basis, is likely to make itself felt at that time, as in hay fever and asthma. Another such crisis occurs at the beginning of cold weather, and, of course, minor crises occur with any great atmospheric variation. And there are diseases whose predilection for such seasons and whose exacerbation at such times of atmospheric change marks them as having an adrenal basis or at least an adrenal element in their etiology; and often and again we find a gonadal echo in these maladies.

What, then, has circulation to do with temperature and with sex? The question quite answers itself, on the basis of the preceding answer. Temperature is regulated at its source by regulation of metabolism; but it is inseparably blended with the mechanics of circulation.

We find, therefore, in the adrenal glands valencies for dilation or contraction of mesenteric circulation, where is the source of supplies;[3] for dilating or contracting hepatic blood vessels,[4] where is a storage house for fuel (without which action a mechanical blocking of circulation would be produced); for dilating or contracting cutaneous arterioles and probably capillaries as well, together with the superficial and deep sets of veins (the former for cooling the latter to avoid cooling); for dilating the vessels in the muscles where heat is produced by exercises,[5] etc.

As to the mechanics of circulation in reproduction, one has only to mention menstruation, the placenta, the erectile function, the blush, etc. Accordingly, we find adrenal valencies acting on all of these things. All of these valencies are found projected into symptomatology.

What have these matters to do with pigmentation, growth of hair, fat, etc.? There are two aspects of temperature—there is cold and there is also heat, each of which must be offset; and, incidentally, there is solar radiation. Fur is not the only protection against cold; fat is also, as witness the walrus and the seal. This accounts for the adrenal valencies in causing hypertrichosis and adiposis. Inactivity and reduced metobolism are not the only means of combating heat, there is also perspiration, and there is also pigmentation. Pigmentation is easier understood as a shield against solar radiation. How does the black skin protect, when it actually absorbs more of the solar rays than the fair skin? It prevents the penetration into the deeper tissues (a hand held against the light shows how deep it may go) and keeps the heat at the surface, where it is easily disposed of by radiation and evaporation. Hence the pigmentation as seen in Addison's disease and other conditions, the perspiration of exophthalmic goitre, etc., the various disorders of cutaneous circulation, eczema, Sargent's white line, &c.

The relation of pigmentation, fat and growth of hair to sex are well enough known as facts, being secondary sex characteristics, though they are less understood as reasons. It may be stated that the time when pigmentation for protective purposes is most needed is by the female during pregnancy and by the young during their helpless early days or weeks. Witness, then, the pigmentation of the pregnant woman's skin. Whether any change of this character occurs among animals at that particular time has not so far as the writer is aware been made subject for observation. The time when pigmentation, hair, etc., of an advertising nature is most needed is by males during the period of courtship, and this phenomenon has been repeatedly noted. That pigmentation is a function of the adrenals is evident in Addison's disease, and has been commented on by innumerable writers.

What is the relation of these things, cold and heat, sex, pigmentation and hair, circulation, etc., to emergencies In emergencies the first thing that nature must be able instantly to produce is rise in blood pressure; whence the relation of circulation to emergencies. In fact, the whole range of the valencies of the adrenals may be presented in a most dramatic manner in terms of the changes that must occur in sudden emergencies. In the JOURNAL OF OSTEOPATHY for May, 1918, under the caption of *"The Adrenal Gland, the Emergency Organ,"* I wrote in part as follows:

> The adrenal gland may be described as the emergency organ, and is the dominant endocrine organ in the male. First we note that the general equipment of the male, as compared with the female, is for emergencies, such as fighting.
>
> Second, we note that when the body is wounded or suffers shock, it is this gland that responds and bears the brunt of the shock. It is said that long before the brain iself has taken cognizance of the situation, this organ has done so, and has begun its secretion.
>
> What does this secretion do? It dilates the bronchial tubes, as though to admit more air to the lungs (hence its value in asthma; hence we find it almost always involved as part of the picture of bronchitis); it increases the action of the heart, as though to drive the blood faster to the lung, and from the lung to the tissues, and harder to meet the emergency (it is found exhausted in pneumonia); it increases the tone of the arteries so as to increase the general blood pressure for the emergency (hence its role in arterio sclerosis, varicosities, etc.); it contracts the abdominal blood vessels, the vessels of the great blood reservoir of the body, so as to throw more blood into circulation (hence its relation to diarrhœa, constipation, hernia, hemorrhoids, etc.); it acts on the liver to liberate the carbohydrate stored there, for use of the muscles in the emergency, and also dilates the portal vessels to allow free passage to the abdominal blood with its burden of materials (the reflex of these functions is seen in many diseases).
>
> It also has relation with the thyroid gland, by which it increases the reducing power of the blood for the absorption of oxygen, itself being the strongest reducing agent known (through this may be traced its relation to exophthalmic goitre). Its action on arterioles and capillaries leads to the checking of hemorrhage, wounds being a thing to be expected in emergencies and fighting; and its action on the blood itself hastens clotting (hence a possible relation to haemophilia). Infection being an almost inevitable consequence of wounds, especially in a wild state, it has, as may be expected, powerful antiseptic properties (whence its role in infections).
>
> Perhaps the most remarkable of its properties is its effect on the cerebral cortex, whose tone is so increased as to make it ready to meet the emergency—expressed in the shiny eye, the quick movements, great restlessness and excitability of the striated muscles.

All of the effects of the secretion of this most remarkable gland are not known, but if there are any other changes which must necessarily belong with fighting and the meeting of emergencies, we might almost assume that they would be produced by this secretion. For instance, there is found to be a stimulating effect on the sphincters of the bladder and rectum, leading to retention; easily understood since the reverse might easily hamper the activities in emergencies.

As illustrating the last statement might be mentioned its effect, later discovered by Carroll,[6] of hastening the formation of granulation tissue. Some authorities hold that it is not active except in emergencies.[7]

As to the relation of temperature to emergencies, it is interesting to note that the changes described here as necessary for emergencies are in most respects exactly those described as the reaction to cold; dilated bronchi, increased absorption of oxygen, increased blood pressure, contraction of skin capillaries, increased liberation of carbohydrate from the liver, increased absorption from the intestines, increased excitability of striated muscles as expressed in shivering, etc. This shivering does not differ from that felt during excitement; nor does the fluffed hair of cold weather differ from the bristling mane of the fighting animal except in degree. One might mention the hair standing on end from fright, which is also the same phenomenon.

As to the relation of fat and fur to emergencies, we have just mentioned the bristling mane and fluffed feathers, which are designed not only to terrify, but also to protect, whether from bites or bruises. The value of fat in cold weather is the same as it is in fighting—a protection, a padding, but also an antitoxic against bites. The natural value of the hog's excess of fat is the protection it affords against its chief natural enemy, the serpent, whose venom buried in fatty tissue is comparatively innocuous.

Nor do the displayed feathers and erected mane of the courting male differ except in degree from the same phenomenon in fighting, or in cold, except in degree; and the stimulation of the neuro-muscular apparatus expressed in the comic antics of courtship correspond with the similar condition seen in cold and emergencies, etc. The parallel runs pretty close in all of the muscular sex phenomena.

It will be observed that there are two classes of color schemes in nature—one designed for advertisement, the other for concealment, and that in general males display the one, females the other, according to the division of labor that nature has assigned them. There are two types of reaction to emergencies—there is fight and there is also flight—the one a male attribute, the other a female one, quite in accord with the division of responsibilities that perfectly express nature's purpose, and there are physiological reactions to match. There are also two types of reaction to cold, one typified by the ruddy cheek, the other by goose-flesh; the one aggressive, the other protective. There are also two types of reaction to heat, perspiration and pigmentation.

Lastly, there are two divisions of the adrenal gland—the cortex or interrenal tissue and the medulla or chromaffin tissue. The former comprises nine-tenths of the gland proper; but with the chromaffin tissue of the medulla should be associated the very numerous islets of chromaffin tissue scattered through sympathetic system, whose total mass can only be guessed.

There is more than mere suggestion in thus parelleling the quality of the reactions of the gland and the dual form of it. The difference so far as determined between the two portions of the gland correspond with the contrasts in reaction. Some of the known contrasts between cortex and medulla are:

The cortex is distinctly a male organ. Overgrowth leads to premature adolescence, increase in stature, especially in bones, muscles and fat and in the genitals. Occurring in females, it inhibits the female functions, varies the form and structure of the genitals toward the male type, and causes secondary masculine characteristics to appear. In overgrowth of the medulla, however, no precocities of structure appear.[8]

The cortex is closely related to the cerebro-spinal system. Absence of the brain cortex in anencephalic monsters is associated with absence of the adrenal cortex also. Hyper-function of the adrenal cortex produces clinically phenomena of cerebral overstimulation, such as stammering. It deals with the external world and may be classed as the emergency *par excellence*. The adrenal cortex is uninfluenced by splanchnic nerves.[9]

The medulla, on the other hand, is developed in connection with the sympathetic system and is closely related to it. The sympathetic system deals with internal emergencies. Reports are conflicting as to the comparative values of cortex and medulla in relation with blood pressure; both of them cause a rise, that from the medulla usually greater.

The psychic valencies of the cortex are related with the intellectual development, with will power and pugnacity, with the motor and executive aspects of ideation. The psychic valencies of the medulla, on the other hand, are female virtues—emotion, timidity, intuition.[9]

The cortex varies inversely with the thyroid gland (more important in the female and intimately connected with the emotional life), and the medulla varies sympathetically with it.[10] The cortex manufactures lipoids, in itself, and leads to their deposit in the tissues. The medulla manufactures adrenalin, which produces rapid metabolism with reduction of lipoids.[10]

The cortex is an oxidizing agent; it changes uric acid to melanin by oxidation. The medulla is a reducing agent, changing melanin to adrenalin by reducton or de-oxdation.[10] The stimulated cortex produces violent intestinal peristaslis, while the medulla inhibits it.[10] The enzyme of the cortex is evanescent, but powerful; that of the medulla is more stable, but not so potent.[11] An inflexible cortex leaves one to suffer with heat, while an insufficient medulla leaves one liable to suffer from cold.

The relation of this organ and these functions to the kidney is next to be considered. The kidney has no secretory nerves to regulate its function, but it is the most sensitive of all tissue of the body to epinephrin. Kidney function, then, is largely dependent on the adrenals (unless some similar function

exists) for its variation, its adaptation. But it is very easy to see that an increase in the kidney activity is demanded in all cases of heightened activity such as we here ascribe to the adrenal gland, whether the cortex or the medulla dominates in the action. The logical unity of action is evident.

There is much chromaffin tissue scattered through the systematic nervous system.[12] At many points this is developed into definite glandular form, as the carotids, coccygeal gland, etc., which may or may not have specific valencies. Some recent work by Meltzer[12] indicates that the superior cervical ganglion is such a gland with such a specific enzyme. Vastly the largest of these glands is the medulla of the adrenal gland. It is doubtless on account of the relation of this gland with the kidney function that its development here reached such great proportions, just as in close proximity to the ears, eyes, mouth, nose, etc., developed the superior cervical ganglion, which tissue suggests a reason for the similar deposits of chromaffin tissue in other parts of the body.

The unity underlying the varied manifestations of adrenal activity is therefore clear enough, as well as its functioning as part of what we have termed as its endocrine brain. The *modus operandi* seems to be that where stimulated this organ throws into the blood its emergency secretion, which then acts not by itself, but only through or upon the processes going on, or where there is functional strain. In that way, if the strain be from cold, the reaction produced is that for cold; if from physical force, the muscles absorb the excess; if from toxins, the tissues in contact with them utilize the enzym, etc.; always adjusted to the emergency and to the demand.

That this all too brief study falls far short of a sufficient statement of adrenal functions is of course true. It serves its purpose if it enables us to carry in mind more of the mass of information with regard to this organ, better still if it enables us to think clinically in terms of it, best if it simplifies the present knowledge so as to make easier future progress.

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For Your Local Newspaper

Dr. R. K. Smith has another good story in this issue which your newspaper might be glad to use in whole or in part. The public ought to know the fact this story recites. It is worth a trip to your editor. Find it on page 122 of this issue.

"Indigestible Foods"

Very little is known about the so-called "indigestible foods." Indigestible food represents the idiosyncrasies of the individual, not wholly but mostly. What is indigestible for one person is often easily digested by another.

Cherries and milk are supposed to be a fatal mixture, but we find that even the timid will take the cherries and a little later on will have tea with cream. The same superstition exists about shellfish, oysters, or soft crabs with ice cream, or oysters and milk. I think there I have some idea how the notion started. I fancy it arose in relation to taste. If you eat oysters and then drink milk, the milk tastes queer. I suppose that is the way that the idea of their incompatibility arose. The person who is said to be ill as the result of eating one of these mixtures is really ill from something else. The trouble is usually with his heart or his kidneys or his brain, or his appendix. A person has almost always eaten *something* before he is taken ill in the night, and that something is blamed. I am speaking now of mixtures of substances supposed to be separately harmless. I am quite sure there is no such thing as an indigestible mixture of two digestible things.—Cabot, "A Layman's Handbook of Medicine."

Rickets

Rickets get well of itself in the vast majority of cases. That is very disconcerting sometimes. The bow-legs, for instance, for the cure of which the orthopedic physician has got the social worker to persuade the parents to buy costly apparatus, straighten out of themselves in many cases, and the mothers and fathers, from their experience with previous babies, are very apt to know beforehand, and hence are very skeptical in taking our advice. Why this spontaneous recovery occurs we do not know. It does not occur in every case, otherwise we should see no bow-legs. But the fact that we do not see *more* bow-legged adults is very significant in view of the fact that almost every child is bow-legged at some time and in some degree.—Cabot, "A Layman's Handbook of Medicine."

Tropisms

Dr. Still found that when he laid his hands, *in certain definite ways,* on the back bone of a man, the body (and mind) of the individual gave back immediate and profound reactions—what the biologists call *tropisms;* and this one recent biological term tells the biologist absolutely the entire osteopathic story; explains to the biologist absolutely everything that does or can occur when this method is used on the body.

Tropisms are the *reactions of an organism to changes in the environment,* and the human organism is highly susceptible (in common with all other living things) to such fundamental relations. Profound chemical changes can be brought about in the central nervous system (and hence in the viscera) by stimulation of the nerve endings in the skin. A prolonged cold bath, for example, will cause albumin to appear in the urine.—Lane, "A. T. Still as a Therapeutist."

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ASYMMETRY AND ANOMALIES

In adjustment technique one should be reasonably certain of his diagnosis. We are constantly attempting to change the relationship of structural parts in order that functioning may be more harmonious and unified. In this intimate and aggressive procedure one should have a thorough understanding of the underlying pathology. For not only does efficient technique demand first of all a knowledge of detail anatomy and physiology but also an appreciation of the possible pathological processes. The angle of approach of our technique measures largely depends upon the disease manifestations. There are various indications and contraindications, as everyone knows, for the several therapeutic methods, depending upon the character of the structural malalignment or defect, the nature of the inflammatory state, if such exists, visceral reflexes, the resistance of the patient, etc. Some of the pathological processes are so masked or covered up that it is exceedingly difficult to make a complete diagnosis without exhausting every possible source of information.

Our purpose here is to touch upon two conditions which are probably often overlooked and which may complicate lesion pathology. A few years ago we compiled an article for the JOURNAL based on a chapter in Tubby's Deformities. We refer to asymmetry. It seems rather curious that osteopathic literature has had very little reference to asymmetry; not owing, of course, to the fact that one or two articles have called attention to it, but instead on account of its decided bearing on lesion production. Every little while we find it necessary to make special additional corrections, other than osteopathic, for some deformity due to asymmetry. And the good effects are almost immediately forthcoming, for the case is generally one of an obstinate character which has defied ordinary attention especially from the angle of recurrence.

One may say that the body is notoriously asymmetric, provided he is on the lookout for the many possible deviations from a symmetrical norm. Confusion should not arise here in making a distinction between static deformities and the dynamic qualities of the organism. Although static changes may readily enough involve dynamic forces, and vice versa, as we daily see in the role of osteopathic lesions, their pathogenesis and certain environmental forces, still chemically, i. e., actively and potentially, the organism is complete and unified, which does not necessarily mean perfect. Keeping this viewpoint always before us gives the base for understanding of physical, chemical and mental laws, their relationship and interdependence; the latter not of equal importance fundamentally, which has been continuously and consistently pointed out in the JOURNAL, but nevertheless essential from the standpoint that each fulfills an absolute part in the links of the mechanism.

We should suggest to the practitioner that he give some attention to symmetrical measurements of the body and particularly their possible relationship to osteopathic lesions. This is especially applicable to legs and pelvis and distinctly so to lower lumbar and innominate lesions. Try it out on some of the apparently refractory cases, where results are not satisfactory or recurrences are common without any reasonable solution such as flabby musculature or anemia or posture, for examples. Then if asymmetry is discovered, build up the inside of the boot heel just a fraction of the shortened side and note results. Tubby states:

> In many instances asymmetry is of congenital origin and exists from birth, although it is frequently not noticed until some complaint of discomfort or fatigue is made by the patient, and then careful measurements are taken, and the difference is ascertained.

We know how true it is that fatigue or posture or some disorder will reveal the threadbare spots in the form of lesions, malalignments, and physical derangements that the patient had no inkling of, and how much relief is forthcoming when the structural is again set right. But we should be careful in our evaluating of these irregularities, that is, as to origin, and which carries with it an important therapeutic indication. To continue:

> Hunt of Philadelphia in 1879 found symmetry of the lower limbs is quite exceptional. Cox (1875), found that in only six of fifty-four people were the limbs of the same length; and Wight (1877) states that only one person in five has limbs of equal length, the difference being from ⅛ to 1 inch. Garson (1878) measured seventy skeletons, and says the lower limbs were equal in only 10 per cent. So great is the asymmetry that limping may be seen when the child begins to walk, as Burrell reported in three cases; and Broca describes a boy of eleven years who appeared "as if the two sides of the body were different-sized persons joined together." There is no uniformity as to which side of the body or which lower limb is the longer or larger; indeed, as we shall show, "crossed asymmetry" is not uncommon.

Of course, too much attention can be given to this phase of conditions, for compensation and adaptation takes care of most of them. But there are instances when they should be reckoned with in an aggressive way, especially in marked cases. Then there is a side of the problem that is peculiarly osteopathic for one

can "muss up" a truly advantageous compensatory change with nothing to gain and considerable to lose. This point should not be lost sight of. When there is asymmetry present in 80 per cent of scoliotic patients, according to Tubby, which may be either simple or crossed, this factor should not be neglected. This no doubt is one of the reasons why in certain curvatures we may get excellent functional correction if not perfect alignment. Of course there are many other things to consider, but here we are speaking of asymmetry. And if one has not kept it in mind, he may receive a real surprise when measurements are taken.

Masurements for trunk or legs are taken from the middle of the sternal notch to the anterior superior spines, and from the anterior spines to the internal malleoli. These measurements should be carefully made and compared, and checked up by observation and by study of osteopathic lesions. It is simply one method of assisting the practitioner to arrive at more definite conclusions. It requires constant study as one advances his therapeutic plans. Close observation, daily practiced, should be one of our greatest acquirements. This will materially assist in evaluating all signs and symptoms.

Inequality of the two sides of the body, which remember may not be confined to one side of the body or one limb or the trunk but may be crossed, is not rarely congenital. Then in the acquired cases, infantile paralysis, spastic hemiplegia, flat-foot, various deformities, dislocations, fractures, etc., the condition should not be neglected.

Careful observation and study from this angle may well repay one. All are well aware how necessary it is to study the osteopathic lesion from both cause and effect angles in its relation skeletally and organically; this should be especially true from a static deformity viewpoint, that is, as to cause and effect.

The other condition we wish to note is one of anomalies of spine and pelvis. Space permits us only to mention the subject at this time. But perhaps calling attention to the subject will stimulate a number to consult x-ray findings more frequently than they now do. Holmes and Ruggles, Roentgen Interpretation, write as follows:

> Anatomical variations in bone structure may occur anywhere in the skeleton and are of considerable importance aside from their interest as curiosities, for they are commonly points of lowered resistance. A strain or injury which would be without effect on a normally constructed individual may give rise to severe and stubborn symptoms when such anomalies are present. This is particularly true of variations in the spine.

We have found in the past, as no doubt many others have found, that an associated arthritis is not rare. To know of the anatomical variation is invaluable in order to intelligently meet the issue therapeutically. Just recently within a period of sixty days we ran across four cases. One of a long transverse process of the fifth lumbar that touched the crest of the ilium. A second of congenital ankylosis between the fourth and fifth lumbars. A third case with the body of the fifth lumbar missing. And a fourth where the two upper sections of the sacrum had not become united. These are simply a few illustrations of the possible many, and go to show that in adult life they may readily give rise to additional symptoms when strain and stress, fatigue, deleterious posture, arthritis, etc., supervene. Naturally each case has to be treated or left alone in accordance with the individual pathology. On the other hand it is easily seen how one not in possession of all the data can attempt the impossible and waste much time and energy. Of course, it all comes back to a matter of thorough diagnosis, the same as any case should receive.

THE EDITOR'S VIEWPOINT

Although we have been in close touch with osteopathy for upwards of twenty-eight years, still we can hardly be classed as a Methuselah, for we are a few years short of the half century mark. But we feel justified in offering a few remarks and suggestions, personal and otherwise, pertaining to osteopathic welfare.

In the first place, we are an optimist, and to a large degree have always been, in the osteopathic outlook. To be sure there has been an ebb and flow in so far as official osteopathy has been concerned, but at the same time a most substantial fact should not be overlooked—many well grounded practitioners have always formed a bulwark, potentially at least, that prevented undue ebbing. This associated with the steadfastness of a rapidly growing patronage has always been veritable groundwork that supports the edifice. Even in the early days of Dr. Still it was osteopathic results, and this alone, that based both art and science. Without solid results, at any time, osteopathy could not have been either incepted, or practiced or developed. And a practice founded on the laws of physics means from the very character of the art that definite effects have to be secured in order to build permanent practices. And various permanent practices along similar lines reflect something far more than individual successes.

Thus there is to osteopathy an art, a science and a philosophy. Through all the stress and strife of a quarter century, with its changing and developing factors as pertain to scientific development, osteopathy has withstood the acid test of actual practice. This is the one feature that merits special emphasis. For the nurturing of such a force by actual combat can mean but one thing—it must be living truth. Any possible negative phases in the long run rapidly fade through changing complexes; it is the positive forces that live and flourish. Unquestionably here is the key of osteopathic success.

The road ahead is just as clear and clean-cut as the one passed over. We can no more get away from this, even if we willed it, and succeed, for even one short year, than a leopard can change its spots. But —and here lies the greatest problem of all—why even

attempt the impossible by teaching theories that cannot square with two fundamentals: Structural intactness is basic to functional integrity (which means observance of physical laws); And the organism contains its own reparative forces when properly liberated. (No doubt much confusion arises in interpretation of basic laws when many results are secured through environmental changes, which nevertheless are the result of physical measures). Here is a world of practice and research possibilities that will fully occupy the best minds for many years to come; here lies our individuality; and here is encompassed the very power that has made us what we are.

If we had exhausted a fraction of our own scientific possibilities and strength, or were cognizant that other schools were not on converging lines of activity, therapeutically and scientifically, or that the public were not more than receptive, then there might be some reason or excuse for doing otherwise. A white livered constitution, or a spineless character, or false pride, or false professionalism has surely never been charged against a true osteopath. If anything has been wrong with any individual it has been due to one of two things: Inability to attain a working knowledge of osteopathic mechanics, or obsession by irrelevant theories which within all probability were found to be obsolete or impractical in a very short time. For it can be stated with reasonable certainty that every substantial advance of scientific medicine is in concord with that of the osteopathic concept.

Our schools mean much to us. They should be our greatest concern. For without the right kind of schools osteopathy cannot be passed on in any satisfactory manner. For a number of years Dr. Still controlled the teaching force, which meant that he blazed the way and brooked no extraneous thought. The receptive and plastic student was constantly set aright and made to hold a steady course. This required sternness as well as genius in guiding and developing osteopathic thought. The main issue was always foremost and uppermost. And when it came to knotty and unprecedented problems Dr. Still's genius unerringly solved them with exactness and comprehensiveness. No weak-kneed teaching was long tolerated. Hence the early practitioner constantly received a true baptism of actual and varied experience that made him a real pioneer.

Although the early student may not have possessed any greater ability than others, or even so much, yet he was saturated with osteopathic thought and fired with an ambition to uphold the same under all circumstances. Pioneering to him meant privilege and duty with a background of downright enthusiasm, for supporting it all were innumerable personal experiences. There was some resemblance to a crusade spirit which was largely due to Dr. Still's vivid experiences, dauntless courage and commanding respect that stood out as a beacon light; and to his ability to teach others to obtain similar results, which quickly enthused the student to launch out for himself, and which soon proved to him when in the field that the science is a real therapeutic force that secured superior results.

The student soon discovered that Dr. Still was a hard working student himself. A varied application of basic principles was his sole guide. His therapy was not a system of formulae. He never relied on so-termed "general" treatment. There should always be a first cause, the location of which is as definite as its therapeutic requirements. This fact made him the superior of all in definiteness of viewpoint, perspective, and exactness of anatomical and physiological knowledge. He wasted no time and energy on "general movements." A structural disability causing the functional derangement meant to him one thing: Find the lesion, and when discovered skillfully adjust according to findings.

Thus, he labored night and day, as none of us has labored, to know the normal and its feel in order that he might be able to detect the innumerable abnormal variations. Time and experience and native ability gave him commanding authority and an insight that has had no equal. He probably did his best work between the ages of sixty-five and seventy-five, although prior to this he had attained to world renown. But to the very last he continued to perfect his knowledge through grinding study. Is it any wonder that his students have a real and great reverence for him? And feel that the tremendous work that he accomplished, particularly in view that his accomplishments are still superior, should continue to be both guide and inspiration?

Then came the legislative enactments, some good, others bad, and the trend of progressive educational requirements. It is probably not too much to say that our lack of foresight here has not been a credit to us, that is legislatively, at least on all occasions. For a certain percentage of later students have been obliged to become engrossed with no little amount of "frills and furbelows" and consequent irrelevant matter in order to secure a license, and all at the expense more or less of sufficient basic osteopathic knowledge. Not that medical lore and theories and various scientific data may not fulfill a place when correctly oriented, which knowledge may or may not be an ephemeral phase of the "passing show," but to substitute this, when a student's time is limited, making it a requirement for a state license, for absolutely essential osteopathic traditions and necessary facts and discipline, upon which depends not only his ability to make good in practice but also the perpetuity of the science, is wrong and very wrong. This comprises, in our opinion, the second great problem that confronts us.

Closely associated with this is the problem of imitation as well as that of the official antagonism of other schools. The solution lies, we believe, in safe-guarding our own principles, and that right within our own ranks, through more intense training of basic laws and practical individual experience; through reasonable preliminary and college educational requirements; and through amending the laws so that they conform in respect to our own teachings in so far as we are in-

dividually concerned, and demanding that imitators meet reasonable standards. These are just demands that work no hardship on any one, that protect our rights, traditionally and scientifically, and that safeguard the public. This would give reasonable opportunities for all schools and methods, and we feel confident that the public would back us up.

Top-heaviness of curriculum is most unsatisfactory. It does not make osteopaths; it renders individual and prospective efforts futile; it does not satisfy the public's expectancy, placing us in an unfavorable light. Osteopathy cannot be taught through medical texts, and on the other hand it cannot be learned through the accomplishing of a few "manips." Lectures will not suffice. There is only one way to acquire the necessary practical knowledge, which emphasizes the underlying base as nothing else can, and that is through personal precept. And this personal contact and discipline should be closely correlated with every subject of the course. The art is admittedly difficult; and only through methodical discipline can it be attained. Note the many years of discipline of Dr. Still, and after he became a recognized master he still humbly and sincerely realized that his work was barely in the infant stage.

One other major problem confronts us—all of which comes right back to our own bailiwick, not so much as to what the other fellow would like us to do. Too often we either have our eyes on the stars or else we are concerned about other lines of thought. Of course, all-round observation is necessary, but perspective should not be lost.

The remaining problem we will refer to concerns our association individually and as a professional society. Our interests, scientifically, economically and legislatively, are one. Colleges, hospitals, sanitariums, public welfare and citizenship should not be neglected. Individual success is important, but of greater importance is dependable citizenship, solidarity of interests and perpetuity of the science.

THE VALUE OF A. O. A. MEMBERSHIP

"They who would be free, themselves must strike the blow."

Down through all the ages of recorded history, a free people has always been a daring people in whom the love of liberty and co-operation has been manifested. When the despised "Sea Beggars" opened the dikes and the women and children aided their husbands and fathers in carrying fire and sword into the ranks of the stern and tyrannical invaders, and later when our forefathers at Concord and Lexington "fired the shot heard around the world," the actuating motive was that supreme love of liberty that dwells in every freedman's breast and success was only attained because each man submerged selfish interests and sacrificed for the common weal.

Today we as a profession, face anew the problems of a Concord or a Lexington. A tyrannical and sinister power seeks to deprive us of our professional freedom. We must present a united front and each and everyone must stand fast and fight the good fight and fear not. We stand at our Armageddon and we battle for the Lord. "Thrice armed is he who hath his quarrel just." An honest man clothed in the armor of righteousness can put to flight the hosts of Error, but words without deeds availeth not. By co-operation working in masterful harmony, each individual osteopath rendering his full measure of devotion to the cause, we can attain the complete realization of our hopes. Let us therefore, render service true, that the wonderful science of osteopathy may have a new birth and that all the people of the Earth will rise up and called it blessed.

Secretary Gravett has done some wonderful organization work, building a stronger alliance between Divisional Societies and the A. O. A., but greater success in this depends on membership; you owe it to yourself and your profession to be a member in all osteopathic societies. So if you haven't answered his first or second notice I appeal to you to reply to his third with your check or signed application.

S. L. Scothorn, D.O.,
Dallas, Texas *President, A. O. A.*

PUBLICITY

Readers of the Journal should have a clear understanding of the official attitude of the A. O. A. in matters pertaining to publicity. This is a very live topic, of wide interest and importance.

The present Board of Trustees goes on record as follows: "We recommend and encourage any of our practitioners in placing ethically written advertising in any legitimate medium to emphasize the fundamental principles of osteopathy, spinal adjustment and the educational attainments of our profession."

The House of Delegates passed the following resolution: "The House of delegates approves of and commends to the profession the activities and program of the Society for the Advancement of Osteopathy in raising a necessary sum to carry in the pages of the *Saturday Evening Post*, or similar magazine, a series of educational articles on osteopathy."

President Scothorn in his Message says: "* * * we face a new situation. Let us be plain. Some one school will dominate mechanical therapy within the next twenty-five years. Whether we like it or not let's meet the situation with the only remedy at hand—thorough preparation to do the best work, and then—publicity—advertising."

All of this is certainly clear-cut and right to the point—thorough preparation first of all is the very nucleus of the problem for it assures the character of the goods offered, without which advertising would be a real tragedy. Then comes ethical advertising with requisite co-operation on the part of all.

If the 1921 Convention had done nothing else the above actions would alone mark a distinct advance in

keeping with present day society movement. This is the culmination of no little agitation of the past two years. We believe it will receive the hearty support of the vast majority of the profession.

The several schools of healing are keenly alive to the necessity and importance of legitimate advertising. It looks as though the public are to be deluged with scientific lore and forced to be educated along many lines whether they care to be or not. But on the other hand it will place the various schools on their merit and squarely before the public, and this is something greatly to be desired. We trust certain family skeletons will be chilled a bit by the airing.

The practitioner will have to look more closely to his laurels than ever, for what he can't do will stand out in strong relief to actual accomplishment. This will be as it should be, the public's appreciation of the role of the healing power of nature, a matter little understood by the layman. It will bring to the fore the distinct part played by the osteopathic lesion and the necessity for its correct adjustment.

A NEW ERA

Osteopathic physicians may rightly claim the distinction of bringing about a new era in scientific therapy and its manner of dissemination. By means of popular literature they have for many years carried their appeal direct to the public. This is a method of education that other schools are now rapidly taking note of and acting upon. Newspapers, magazines, popular lectures and various movements are now being utilized in order to place before the layman various facts and theories pertaining to health and methods of treatment. The field is gradually broadening, the points of scientific contact are many and the opportunities for publicity are innumerable.

Two interesting items relative to publicity work have recently come to our attention. Dr. J. H. Kellogg in *Good Health*, July, tells of his experience at the Health and Sanitation Exposition, Chicago. He writes:

> I made, in connection with my Race Betterment Exhibit, tests of the blood of several thousand persons. The average was found to be 80 per cent of the normal. Less than half a dozen in a thousand were found to have a percentage of hemoglobin as high as 90. The whole population is anemic, at least the city population. The blood is the life. A person whose hemoglobin is but fifty per cent normal is only half alive. When shown the facts and told its significance and how to get a generous supply of food, iron, lime and vitamines by the free use of spinach and common garden weeds, the people were ready enough to follow instructions.
>
> The trouble is that ordinary, scientific health instruction does not reach the people. But they need house to house instruction and training, neighborhood classes, rural as well as urban. Every schoolhouse ought to be a center of light and knowledge about biologic living. Correspondence schools of health under the direction of competent persons should take the place of the fake courses now exploited in certain magazines.

Probably nothing could come nearer to the heart of actual conditions, and which would carry with it a reasonable degree of success, than the establishment of neighborhood clinics. This would mean the direct meeting of the issue with an excellent opportunity of instruction along many lines. It would be a worthwhile project from every possible angle. It would prove a motivation of far-reaching results, which in time could lead to occasional lectures and newspaper articles. Thus the practitioner by directly interesting himself in the solution of local problems would soon be in a position to command no little prestige and respect with the great satisfaction of knowing that his efforts are more than worth while. This has been the great object of Dr. Dayton in his Bureau of Clinics idea. And this has also been one of the basic points that Dr. Cave has in mind in his Public Service League project.

According to a short article by Dr. Manwaring of Stanford University, *Journal A. M. A.*, June 25, 1921, the University is giving "A Non-technical Course in 'Anatomy and Physiology of Disease' for undergradute college students." He says:

> To assist in the local educational campaign against Christian scientists, chiropractors and related philosophers, the Department of Bacteriology and Experimental Pathology of Stanford University has recently developed two elementary nontechnical courses for undergraduate college students. The first course, "Hygiene of the Infectious Disease," deals with the elementary concepts of pathologic bacteriology, with special reference to their application in the prevention and control of infectious diseases. This course is similar to nontechnical courses in elementary hygiene in other universities.
>
> The second course, "Anatomy and Physiology of Disease," is a type of course we believe has not yet been attempted in other colleges. The course aims to give the fundamental concepts of pathologic anatomy and pathologic physiology, in simple terms, easily understood by the average undergraduate college student. The course as at present given consists of twelve lecture-demonstrations, dealing with the following topics."

These include introduction; illustrative types of disease; diagnosis of disease; curative forces and mechanism of the body; scientific treatment of disease; popular remedies, 'patent medicines,' etc.; irregular practitioners; medical education, medical research. The writer states: "The reception of this course by our students, and the reactions to the course by various members of our community, have lead us to believe that popular courses of this particular type would be the most effective means of checking fad movements."

And so the wheel of time reveals a new era of which publicity appears to be the master key. We welcome it for it gives splendid and unrestricted opportunity to set forth the merits of osteopathy.

MR. GRAY'S ADDRESS

Keen insight, breadth of view and courage of his convicitions are among the qualities that characterized Mr. Gray's address before the Cleveland Convention. Here is a man of ability and success who through personal experience and study of our problems has become thoroughly convinced of osteopathy's merits. And what is more, giving of his time and resources to further the development of the science, which has been done so quietly and without ostentation.

Comparatively few in the profession who have even begun to realize what he is doing and what it means to osteopathy. Mr. Gray reveals the very core of our problems in such a direct, clear and solid manner that it should prove a real inspiration to every member of the profession.

His entire talk was so full of meat, so pat, and through it all a vision of attainment that it is impossible to more than touch upon a few of the principal points. We should ask the practitioner to read and re-read the same in the August JOURNAL:

> Your profession needs you, and even though you can prove that you have a splendid paying practice back home, I am unable to discover just how that gives the profession the help it needs and has a right to demand of you. The profession needs you with your courage, your daring, your vision and your sacrifice. Will it pay? Is it worth while? Don't ask such questions. I am fascinated with what your profession already is, with so much of the attached human equation — indifferent — dragging it and keeping it from coming into its own, and I am interested beyond measure in what your profession will become; what great contribution you will make to humanity when the attached working force, the human equation, gets the vision that is there and harnessing it up, puts it at work.
>
> You are new, you are young, you are largely untried and lamentably unknown and misunderstood as yet. Other schools have a long start on you, but sure as fate, you are going to cut down that distance, but not without effort from all.

Are we going to measure up to such a faith? Yes, indeed, we are, Mr. Gray. And your words of wisdom and counsel and sympathy will prove no small impetus in helping us not only to co-operate but to stimulate the very best in the profession, individually and collectively, for continuous and consistent effort. Again we quote:

> Has God blessed you with a vision? Then put it at work. Don't bundle it up and shelve it for a more convenient season, for later, when you take down your bundle to use it, there will be nothing in it. Muscles and visions need using and exercising to keep them fit and alive.
>
> Sometimes people think and act a generation ahead of their time and the world struggles on, perhaps finally catching up to the advanced vision. To the masses there is only a "flesh pot" vision and no look ahead. The world is suffering today for intelligent leadership not so much for those with a vision for a generation ahead as for those who can see for tomorrow—for next year—and even for a generation or more ahead, and I am aware that to be consistent I must put those visions at work. I feel as though something has been working a little already.

Dr. Still has given us the groundwork, in no uncertain terms. The public has liberally patronized us, which reflects credit, for we are supplying something that is greatly needed. But in order to be more than a "hand-to-mouth" or "flesh pot" proposition, in order to evolve, to build for the future, to perpetuate, to hand down something worth while, no matter how meritorious the present, we must get the vision, use it, exercise it. This is common sense, that rare sense of proportions. But this requires stick-to-it-iveness, consistency, and an "active, growing osteopathic conscience."

> Briefly, how shall osteopaths reach out and up and command attention? I shall mention but two or three numerous vital points. First, have abundant, never-failing courage, though not of the dare-devil type, and with fair consideration and restraint towards all opponents, reach out and up gamely, determinedly, always entrenched in your great truths and recognizing and allowing all truth the world over. Have faith in that which you have spent years in training for. Let your faith be an intelligent faith, not a blind one. Let your faith admit that osteopathy has grown since you left school. Are you keeping up with it? That is vital. Surely you are not following technical school-day osteopathy. Sacrifice, if need be, to get some form of post graduate training periodically. Otherwise, your needed faith in your profession may warp and dwindle. And, again, don't brag. Members of the allopathic school have said to me, "Osteopaths are all right as far as they go," or "Osteopaths claim too much." To be sure, they are right as far as they go and a deal farther, and I don't think osteopaths claim enough. But know your limitations; know that you can't do everything. Work, manipulate, treat with your hands while always keeping a becoming and convincing silence with your lips when tempted to brag, or boast about personal achievement. I want to see osteopaths all over the country "deliver the goods"; then the credit and the acclaim will take care of themselves without yelling for them. Deep, thoughtful, careful, intelligent work will surely land you in the hearts of a grateful and appreciative people. What more can you want?

There can be no question that many of our so-called problems will be rapidly solved if we simply dig on and in, perfect our osteopathic training, keep up-to-date, know what the other fellow is doing, get a better perspective, and work hard. This will "deliver the goods" (nothing else will or can) for both faith and vision will be assured.

> There is an osteopathic conscience. You must find it if you have it not. It is priceless. Having it, cling to it. Let its true, clean, upright, forward leading bring you on through the years of life, and you will have set in motion forces that can never die, because they are truth and the works of truth.

DUES

There are quite a few members of the A. O. A. whose dues remain unpaid for the current year. Not so many, perhaps, as in former years, but too many. In checking over the list of names it is quite apparent that this is due in most instances to pure carelessness. Sometimes I think it would be a fine thing if some plan

could be devised whereby with the consent of members the Secretary could draw upon their bank the beginning of each fiscal year for current dues. I do not mean to say that such a plan is practical but only mention it as a possibility to emphasize the greater convenience and economies which would accrue from prompt liquidation of this obligation.

The constitution provides that dues shall be paid within sixty days following the close of the fiscal year which is June 1. If dues are not paid within that time, in strict accordance with the by-laws, a member becomes suspended and forfeits all membership privileges. It is further provided that a delinquent may be reinstated before the expiration of four months upon payment of current dues. That means the extreme limit for payment without a break in membership is October 1st. Heretofore the A. O. A. has been very, very lenient in the enforcement of these provisions but conditions at present do not permit the major organization so great a latitude.

Under the double membership feature it becomes incumbent upon the Secretary of the A. O. A. to notify Division Secretaries of delinquent members of the A. O. A. from respective Division (State) Societies. For if a member is dropped from membership in the A. O. A. that automatically severs membership in the Division Society. The same thing holds true in relation to payment of dues in Division Societies. That is to say, if a member is suspended in his Division Society the A. O. A. is obligated to suspend. Please, may I assure that there is no desire on the part of either the A. O. A. or any Division Society to act presumptuously in this matter of double membership. Quite to the contrary every reasonable extension of time has always been granted and will doubtless continue to be granted. But it should be borne in mind by the members that there must be some definite and universal rule relative to the payment of dues. It must apply to everybody. There must sometime be a "last" notice. There must come a time when the Directory listing closes. If perchance what is said in this notice applies to any reader, remittance may be made without any further delay it will not be too late. The Directory cannot in fairness to others be held longer than November 1st.

W. A. GRAVETT, D.O.

720 REIBOLD BUILDING, DAYTON, O.

CORRECTION

My attention has been called to an inaccuracy of statement in my report of the Cleveland Convention in the August issue of the JOURNAL relative to the ex-Presidents having "voted themselves the right and privilege of being members of the House without vote." I am informed that such was not the case. My informant states, "that at the annual dinner the former presidents took no action further than after having been solicited for advice on this topic, and the other, relative to the business affairs and the professional affairs of the National Association it was discussed before them how best the influence of the ex-presidents could be given to the profession as a whole. * * * Neither have they any desire to 'but in' but every man there had a loyal conscientious desire to serve the profession to the utmost and if in any way they could be utilized along the lines of service they were still ready to serve."

I am glad to publish this correction. However, there was no intention on my part of saying anything which could be construed as reflecting upon the integrity and the sincerity of purpose of the honorable members who have served the association as president. I yield to no man a higher esteem for these past officers than I indulge. My object in mentioning it was merely to direct attention to what I believed was a prevalent tendency to destroy delegated representation of Division Units of the A. O. A. That this was inadvertent or unintentional did not minimize its ultimate effect. The motive of either the Associated Colleges, the Hospital Association nor the Women's National Osteopathic Association was not and is not questioned. The information upon which my statement was made relative to ex-presidents was believed authentic and was apparently confirmed by the resolution later introduced.

W. A. GRAVETT, D.O., *Secretary*.

SOLIDARITY THROUGH CO-OPERATION

President Waldo, at Cleveland, called attention to the lack of consultation between members of the profession on difficult cases. It has been stated often that we do not make use of our specialists as we should do, and that many do not make an effort to have patients who need institutional care get such care in our own institutions.

To bring about a desirable state of co-operation along these several lines requires time and constant reiteration to wake us up. It is for this purpose that the JOURNAL has opened its columns to our specialists to keep their work before the profession, just as we have invited our institutions to use JOURNAL space to remind the profession from day to day of their existence.

A large part of the traveling public, business men, going to commercial centres, and pleasure seekers going to resorts, summer and winter, depend on osteopathic treatment and want it when away from home. It should build up our clientele, therefore, if some of our members in these centres of travel keep the profession at large reminded of their location, just as it should help to keep our cases within the profession if our members doing specialty work, and if our sanitariums and hospitals are kept fresh in the minds of our members.

Another point is our general advertisers. It is a line any profession and any publication with many times our circualtion would be proud of. These advertisers' interest is secured on the basis of our readers becoming their patrons. We can't hold them unless these expectations are realized. We believe everyone of these advertisers can serve our needs as well as any other firm in the same line. If that be true those who are spending their money with us have a right to expect that we will spend our money with them. Are we doing it? Results—when we come to renew these contracts—will tell.

Again, many members deal with firms not represented in our advertising pages. If any reader has found a useful article or some firm whose trade and treatment he recommends to the profession, he should ask such firm to advertise in the JOURNAL and advise us in order that we may go after it.

If we can get this kind of co-operation the JOURNAL will not only entirely pay its own way but it will earn much towards paying the expense of maintaining the Association work. A little interest on the part of our members will produce a large revenue.

H. L. C.

Problems of the Profession

PUBLICITY

A. L. EVANS, D.O., Miami, Fla.

I AM very much in sympathy with the policies outlined by the new administration of the A. O. A., and wish to offer a few random thoughts in support of that part of them dealing with publicity, and to suggest a few ideas for making that publicity effective.

It would be an exaggeration to say that publicity will cure all our ills, but it is entirely within the bounds of truth to say that we have no problem that will not be rendered easier of solution by proper publicity.

A most important feature in our publicity program is that part of it which is designed solely for our own members. We must, as some one has well said, sell osteopathy to osteopathic practicians before we can sell it to the public. To successfully accomplish this every member of the profession must read more conscientiously and consecutively than we now do the A. O. A. JOURNAL, and other purely professional publications, wherein our internal problems are discussed, and technical and scientific articles are presented.

I cannot too strongly indorse the plan, now practically assured of success, of carrying on a campaign of dignified, high-class magazine advertising. The launching of this movement has been at the expense of much self-sacrificing work on the part of a few leaders in the profession. The difficulties encountered were probably largely due to the fact that many did not believe that results would be commensurate with the expenditure. I feel sure, however, that as results become apparent most of those who have held aloof will come in and help. Surely there are few in our ranks whose self-respect will permit them to accept gratuitously the fruits of another's labors. No right thinking person cares to be a dead head. He wants to be allowed at least to pull his own weight. If I am right about this there is no reason why this kind of publicity should not be a continuing one with correspondingly increasing benefits.

No scheme of publicity would be complete which neglected that form so well carried on by the A. O. A. through its Director of Publicity. The oftener the word osteopathy appears in the newspapers the better it is for osteopathy. I say this mindful of the fact that once in a while bad things about osteopathy find their way into print. But if we are alive to our opportunities and submit to editors a timely correction of erroneous statements the net result is our gain. As a matter of fact all the different methods of publicity supplement each other. Readers of newspapers will pay more attention to items concerning osteopathy, and read more understandingly and sympathetically, if they have learned of osteopathy through other means of publicity. That is one reason why the educational articles that will appear in the *Saturday Evening Post* will bear such good fruit.

We have now a number of most excellent missionary publications designed to carry to the unregenerate portions of the public the gospel that osteopathy will cure them of their bodily ills. Such literature is highly necessary and should be circulated in increasing quantities. The publication of such literature, it has been demonstrated, may safely be left to private initiative. Our publishers of popular literature are doing their work well; they should be encouraged. More power to their arms!

Nevertheless I maintain that with all these agencies of publicity we are still short of the ideal. We must have a vehicle of communication between organized osteopathy and our lay osteopaths. By that I mean those persons residing in every community where osteopathy has long been practiced, who have seen its therapeutic value demonstrated and have become interested in its potential service to humanity.

It is not sufficient, and hardly necessary, to tell these people from day to day or from month to month that osteopathy will cure sick people. They are already quite likely to have a stronger belief in its infallibility than we ourselves have. Neither have they the disposition to study deeply into the causes of disease nor the technicalities of its treatment. They are not much concerned about our family problems, nor curious to know what makes the wheels of our organizations go round. It is only when our possibilities of usefulness are interfered with from the outside that their fighting interest is aroused.

In other words osteopathy has its civic and philanthropic aspects, and it is these aspects the well informed friends of osteopathy are interested in, or in whom an interest can be aroused. For this purpose and for such people we should have a magazine featuring such things as the work, achievements and needs of the Research Institute. There is much that can be told about the clinics that are being established in so many cities and towns; a great deal that is interesting in the hospital situation.

If every practician of osteopathy would select, on an average, twenty-five of the most interested and influential friends of osteopathy among his clientele and supply them with the kind of magazine I am talking about we would have in effect, what it seems we cannot have in name, an osteopathic service league.

It is not to be expected that we will find many persons with the vision, the means, the enthusiasm and the heart of Philip Gray, but in some measure his counterpart exists in most communities, and his service to the cause in a smaller degree may be duplicated. There are men and women, who if they knew osteopathic physicians were not allowed to practice in public hospitals and this fact, with all that it implies, were duly impressed upon them, would either carry on an agitation that would correct the condition, or see that hospitals were built and placed under osteopathic control.

To accomplish these things requires a continuous campaign of education. At the best we cannot hope to have everyone adopt our viewpoint; but an active minority, keenly alive to the importance and value of osteopathy as a social asset, would if kept informed, thwart the design of the medical oligarchy which seeks not only to dominate but to monopolize the field of healing.

We vitally need all kinds of proper publicity, we especially need the kind that will put us and keep us in touch with osteopathic laymen and carry to them the message of our philanthropies. I am proposing nothing new or revolutionary. In the *Osteopathic Magazine* we have the medium designed for this very purpose. We only need to restore it to its original field. If it is not the official exponent of the civics of osteopathy there is no justification for its existence.

With all branches of publicity operating harmoniously there is every reason to believe that our schools will have less difficulty in getting their full complement of students. A sentiment will be aroused that will go far toward securing justice for our physicians in the U. S. Public Health Service and in the medical departments of the army and navy. Publicity will greatly help us in securing money for clinics, hospitals and schools. It will enable us to complete our endowment for our Research Institute and permit it to train the workers and set about the great tasks that await it instead, as now, of maintaining a precarious, hand to mouth existence.

In short, as I intimated at the outset, a vigorous, well co-ordinated campaign of publicity will further every legitimate interest of osteopathy and put us well on the way toward achieving a glorious destiny.

OUR GREATEST OPPORTUNITY

Percy H. Woodall, D.O., Birmingham, Ala.

NEVER before in the history of osteopathy has so great an opportunity to advance our science been open to us. A select audience of more than six million people is waiting to learn of osteopathy, its origin, its philosophy, its application to the cure of diseases, its schools, in fact its whole story in connected and logical order.

The House of Delegates, without a dissenting voice, endorsed the plan as presented at the Cleveland meeting for reaching this vast audience. As most of the profession know the plan is to take space in the advertising pages of the *Saturday Evening Post* and there present in a dignified and conservative manner the facts concerning osteopathy. To do this a fund of not less than $50,000 is necessary. It is proposed to secure this by voluntary subscriptions of $10 per month, for ten months, from five hundred osteopaths. To date 362 have subscribed. In order to raise the necessary sum 138 *must come in.* Surely there are five hundred members of the profession who have its progress sufficiently at heart to spend $10 per month for ten months, that this great opportunity may be embraced.

You may personally not need publicity, but if osteopathy shall endure and maintain its rightful place in the art of healing it *must have publicity.* You know it has been misrepresented and is being misrepresented, counterfeited and maligned on every side. The public should know the truth. Here is the unequalled opportunity to present the truth to them. It is my duty and it is your duty to see that it is done. All our other means of publicity should be strengthened and supplemented by this.

At the Cleveland meeting after the plan had been presented, I asked Mr. Philip Gray, the generous layman to whom osteopathy owes a profound debt of gratitude, what he thought of the idea. His reply was, "It is splendid. Don't give it up." No layman is more sincerely interested in osteopathy than is Mr. Gray. No one is more desirous of our success, no one would regret our mistakes more keenly. Yet keen man of business that he is, earnestly working for the development of osteopathy, his advice is "Don't give it up." This has been the advice that every business man and friend of osteopathy has given me when asked about the advisability of the plan.

So, fellow osteopaths, let's combine and do something really big for osteopathy. We need 138 others to make the plan immediately operable—we can't wait indefinitely. Some of us have been working on this proposition a year. All objections have been withdrawn in the light of a clear understanding and the time to act is now. Won't you do it? Send your initial check of ten dollars to Dr. H. M. Walker, Director of Paid Advertising, First National Bank Building, Forth Worth, Texas.

First National Bank Building.

PUBLIC ORGANIZATION

Francis A. Cave, D.O., Boston, Mass.

THE law of "The Survival of the Fittest" works unceasingly toward the elimination of the weakest or the least susceptible of environmental adaptation. Biology has proved that statement since the beginnings of life upon this planet. But the statement is not only true in regard to living organisms. It is just as true in reference to social or political organizations, religious creeds and scientific theories. There is no way of escape from its operations any more than from the operation of the law of gravitation itself, and the individual or group which believes otherwise is facing bitter disappointment.

Both written history and contemporary experience clearly show the extreme difficulties incurred upon the promulgation of any newly discovered truth, whether it be in the political, the religious, the social or the scientific field. Entrenched bigotry and intolerance always have and always will stand squarely across the road of progress, and, in the great and definite scheme of the universe, truth must ever stand its own ground and prove itself the fittest to survive.

While bigotry and intolerance constitute the *symptoms* of the difficulty, the underlying cause is *ignorance* and lack of education of the masses. Truth may be kept "hidden under a bushel" and cannot therefore contribute its inherent value to the welfare of humanity. But truth, to be of value and real benefit, must be utilized, and utilization presupposes intelligence and education. This primary hypothesis underlies all of the intensive advertising of the present day along lines undreamed of even a mere quarter century ago.

The conservative banking institution of two or three decades past has found its revenues reduced by the competition of the more aggressive corporation which advertised its goodness to the public at large. Even the churches have found it necessary to their continued existence to constantly call public attention to the character of services rendered, while the conservative field of medicine is but just now awakening to the fact that public education is the vital factor in laying the foundation for an imperialistic and intolerant "State Medicine," to be controlled by political power and shrewdness.

Right here is where organized osteopathy must have its eyes wide open, else the shackles of intolerance and bigotry will operate greatly to limit its needed advancement. Based upon a great fundamental law of life, embodying within itself the essentials for a complete system of medicine, and with its enthusiastic supporters numbered already by the millions, osteopathy stands in a superb defensive and offensive position and need fear no dangers provided it is wise enough to utilize its inherent strength in a manner adequately adapted to its environment. The solution of its chief problem may be comprehended in the double slogan "Public Education and Public Organization." It is not stretching the truth to hold that the entire future of organized osteopathy is based upon these two factors.

How shall we secure "Public Education and Public Organization"? Simply by numberless available publicity channels and by cultivating the spirit of organized effort among our friends of the laity. Inasmuch as proper publicity requires adequate financial backing, *organization* of the public should logically precede any prolonged educational campaign.

Public education along osteopathic lines is something which appeals to the great body of laymen who have experienced its benefits, and constitutes a magnet which will draw from them financial contributions of almost limitless character. Public education comes first, to be logically followed by endowments for hospitals and clinics, research and technical education. Properly organized, millions of osteopathic believers will contribute millions of dollars for osteopathic propaganda and institutions, not in any spasmodic manner, but systematically and intelligently.

In order to successfully conduct such an organization, certain fundamental factors must be imperatively observed:

First. The movement must be *national* in its scope, because the questions at issue are already of national importance, hence purely local efforts alone will not provide the essential force and tenacity of purpose.

Second. Its *objects* must be broad enough to enlist the co-operation of patients and friends throughout the country, individually interested in widely varying forms of human service, either philanthropic or educational. Purely local issues will not suffice.

Third. It must be definitely adopted as a matter of *policy* by the A. O. A. and associated bodies, otherwise it would face the possibility of enthusiastic support by one administration and indifference or antagonism by the next in power.

Fourth. It must have *annual dues* (which should be upon some graduated scale for different types of memberships) because people generally take more interest in organizations with paid membership dues.

Fifth. The *management* should eventually be in the hands of laymen, with a minority of osteopathic physicians co-operating with the sentiment of the A. O. A.

Sixth. Members in such an organization must be secured *through the profession* and not "over its head." In other words, with a settled *policy* regarding public organization in a national sense, the A. O. A. must urge the individual practitioner, wherever located, to present the matter to patients and friends as part of a *national* movement for the greater welfare of osteopathy. Any attempt to reach his patients over his head would secure but half-hearted support from the physician and would result in inevitable failure of the movement. It is *vital* that the movement have the *active* co-operation of the A. O. A., else it will fail.

Seventh. Such an organization must have sufficient initial financial backing to secure proper organization of its executive personnel throughout the country as a *national* proposition, otherwise merely sporadic efforts will result, like the uneven tugging of a four horse team.

Is organized osteopathy ready to adopt a *permanent policy* of organizing its enthusiastic followers into a *national* body of workers and contributors for the great cause of human betterment? *Now* seems to be the time of all times for such a movement.

BOSTON.

Student Recruiting Campaign

C. H. WALLACE, D.O.
Chairman, Student Recruiting Bureau

THE Student Recruiting Bureau is planning a vigorous campaign for new students during the present year. The outstanding feature of the work this year is to be "Student Essay Contests." It is hoped to put on contests in every county or district in the United States where live osteopathic practitioners are located. Not only is this the greatest movement we have ever started to promote the interest of high school and college students in the study of osteopathy but it is also one of the greatest publicity movements which the A. O. A. has ever fostered. Such contests have the following special features to commend them:

First. Many of the brighter students of the high schools and colleges are attracted by their ability to produce good essays;

Second. No student can write a prize essay without gaining quite an accurate general knowledge of osteopathy;

Third. By gaining such a knowledge the student cannot avoid appreciation of the great principles and the advantages and opportunities of osteopathy as a profession, and as such, will appeal to many who otherwise would never receive this information;

Fourth. During the contest the subject is freely discussed by the students in general and such discussions always end favorable to osteopathy because those writing the essays have the information needed to "win the argument";

Fifth. Students discuss literature read the contents of their essays with their parents who thus gain a vast amount of information relative to osteopathy.

Sixth. By presenting the proposition frankly, and in person, to the principal and teachers, especially teachers of English, these are interested and gain much information relative to osteopathy and are apt to become interested as students. Many teachers of English will assist their pupils in this work and give credit for work done on such essays as regular school work;

Seventh. Regardless of the value of such essays as "student getters" the information gained from the study required to write the essay will always stay with the individual and make him or ner, a lasting convert to osteopathy. The high school students of today are the business men and women and heads of the families of tomorrow and from them you will soon be drawing your osteopathic patients and supporters;

Eighth. After the prizes have been awarded at least the essay winning first prize should be published in the local newspapers. There will be a great deal of local interest and nearly everyone will read the essay. Many of the smaller papers will publish these without charge. This is the very best kind of publicity literature, and although written from the view point of the layman, the comprehensive ideas and language of these essays will be a surprise to most of you. In the larger cities the cost of publishing of course, would be considerable but there are usually a large number of practitioners who will share the expenses making it not too great on any one. There should then be a large number of copies of this paper handed out from the office of each practitioner.

In my judgment the Essay Contest is the greatest means we have at our disposal through which to accomplish the enrollment of students and at the same time gain the advantage of a vast amount of dignified publicity. Local practitioners and societies will find it the best publicity "stunt" ever put over and at a very small cost. It is not only temporarily attracting attention but is educating people for years in the future and is sure to result in the enrollment of large numbers of students.

This Bureau desires to secure lists of all the junior and senior high school and college students in the country and these will be supplied with a pamphlet setting forth the advantages of osteopathy as a profession. Additional literature of the greatest publicity value will be supplied to those desiring it at a very small cost. It is also desired by this Bureau that advertising space be taken whenever possible in high school and college journals and annuals, using the space to call the attention of the students to the advantages of osteopathy as a profession. A model announcement of this kind will be supplied by this Bureau as a suggestion for this phase of publicity which is sure to react greatly to the benefit of the local practitioners.

In order to make the work of this Bureau successful, interest of the individual physician in the enrolling of prospective students is imperative. Every one of us can and should give a few hours of his time in the interest of his profession to securing recruits for the colleges. Every practitioner who will, can have at least one student in some of our colleges all the time. Many of them have a dozen or more. It seems to me that anyone who does not have at least one student from his town in an osteopathic college should feel ashamed of not doing more for his profession.

We wish now the attention of state presidents, secretaries, members of the House of Delegates and state chairmen of the Student Recruiting Bureau.

Some of the State Associations are meeting in the near future and will have met before it is possible for this Bureau to get appointments made of state chairmen in all of the states and before complete instructions and literature can be supplied. As chairman of the Student Recruiting Bureau I respectfully urge that each of you officials in such states see to it that the above matter is brought before your State Association and that the Association agrees to support the program of this Bureau as it will be presented later in detail by your state chairman through correspondence. I also urge that each state make a small appropriation, $50.00, or more, as a prize or prizes for the best essay written in your state. This Bureau is now working on a plan to provide other prizes which will be worth while in connection with this work. Complete information in detail will be supplied soon through your state chairman. We hope for a wholesale hearty co-operation of the officers and members of every State Association in making this year's work of this Bureau the greatest thing which has ever been put over by the profession.

BLACKWELL, OKLA.

REGARDING COPY FOR PAID ADVERTISING

H. M. WALKER, D.O.
Director of Paid Advertising for the A. O. A.

Since our appointment as Director of Paid Advertising for the A. O. A. numerous inquiries have come in relative to the sort of copy which should be used in campaigns financed by individual osteopaths and by groups.

Any copy which contains promises to cure is objectionable. Copy which attacks any other system, or draws comparisons with other physicians or systems is objectionable.

The campaign which is directed toward educating the public on osteopathic fundamentals and the preparation given osteopathic physicians will be the most likely to appeal to the educated classes who have always been our most loyal supporters.

We are now collecting all available copy suitable for these campaigns of education, and we expect to be able to supply it to those who desire to use it.

The Board of Trustees at the Cleveland Convention ruled that boards of Advertising Censorship be appointed in each state, and that it be the function of said boards to see that only high-class copy is used in advertising campaigns.

FT. WORTH, TEXAS.

Departments

X-RADIANCE

ANATOMICAL VARIATIONS OF THE ACCESSORY SINUSES

DR. EARL R. HOSKINS, Chicago

Probably one of the most marked and wide variations which normal people display from an *average* normal anatomical structure is found in the arrangement of the accessory sinuses of the nose. There are many reasons for this elaborate diversity of arrangement. The sinuses at best, are vestigial structures, having lost their original functions of smell. The sinuses of animals, whose livelihood depends on their olfactory organs, have a much more typical arrangement of these organs than do "we poor humans" who have developed a poverty of olfaction along with our enrichment of some of the other senses. Nature abhors drones and it is a part of her scheme of efficiency to do away with all mechanisms which cannot be made of use. The process of weeding out the unnecessary, though, is subject to the fact that we need sinuses to make our voices more pleasing to the sense of hearing and to aid in preparing raw air for the proper absorption of oxygen from it.

We are born without these sinuses, with the exceptions of the very small beginning air cell which later becomes the maxillary, and the spongy development of the ethmoid bone which at birth does not extend to the osseous structures. The naso-frontal duct however is usually well formed.

We do not know the incentive that makes the destruction of bone by the osteoblasts more efficient than the laying down of bony substances by the osteoblasts. Nor do we know from whence the orders come to halt this budding out of openings. From the resulting fantastic arrangement we cannot believe that the sinuses themselves know much more about it than we do.

Usually the nasal frontal ducts extend upward between the two tables of the vertical portion of the frontal bone and expanding forms the sinuses. This sinus may vary from a small cell to an immense cavity, and may be made up of many connecting loculi with septa and various positions and degrees of development or may possess a smooth rounded contour.

A common variation of this sinus shows an extension backward or toward or into the orbital plate. This may extend backward and downward into the great wing of the sphenoid, so that a radiograph would reveal this part of the frontal sinus at a point where the sphenoidal sinus is usually placed. Quite often there is a "Y"-shaped fork in the frontal nasal duct at the point of passing through the lower table of the orbital plate with the anterior fork leading into the frontal sinus and the posterior into an orbital sinus. The two sinuses may or may not be united by a foramen. In either case efficient drainage will be a matter of careful positioning in order to have the opening in the most dependent portion of the sinus. Frequently this orbital extension extends medially into the crista galli and downward into the vertical plate of the ethmoid bone. In other cases the location of the orbital sinus is reached first by emigrants from the anterior ethmoid cells so that possible sinuses of like distribution to those derived from the frontal may be formed. The frontals may vary in their position toward each other; quite often a portion of one will overlap in a lateral plane with the other. Usually the side which forges to the front or towards the anterior table of the frontal bone is larger than the sinus originating from the opposite side and worming its way towards the posterior table. In the same way there may be overlapping in the vertical plane giving rise to superior and inferior sinuses, rather than right and left, except for their naso-frontal duct connections. Usually the superior sinus extends clear across the frontal area while the lower one is confined to the side from which it originated.

The ethmoidal sinuses seem to be "fillers in" developmentally and their variations are largely secondary to the development of the frontal above, the sphenoidal posteriorly, and the maxillary below, leaving the anterior surface under different conditions than the other surfaces. Quite often ethmoidal surfaces, especially the posterior, have been reported as extending forward into the middle turbinate and developing into a considerable sized cell. There is on record, at least, one case of this sort which was unsuccessfully treated as an hypertrophied turbinate.

Prentiss has classified three types of variation of cellular extension ventrally to the naso-frontal ducts and between the frontal processes of the superior maxilla and the thin lamella of the lateral mass of the ethmoid.

"1. A cellular extension upward and forward from the infundibulum between the frontal process and this thin lamella developing a cell which is quite distinct from the naso-frontal duct.

2. A forward extension from the naso-frontal duct between these two bones developing a cell directly connecting with the naso-frontal duct.

3. A downward and forward extension form the frontal sinus between the two bones again de-

veloping a cell quite distinct from the naso-frontal duct."

The variations of the maxillary sinus that are of the most importance to us are those which extend downward below the point of easy drainage. These downward extensions are usually wedge-shaped splitting in betwen the spread roots of the bicuspids and molars. This sort of an arrangement allows an easy spread by contiguity of tissue of dental infections to the maxillary sinus. The lessened resistance of the mucous membrane of the maxillary sinus predisposes to an extension of process to other cells—and so on. The mechanics of these variations is probably a result of the stresses of growth upon forming the connective tissue. To this end it would seem logical to protect the child at the time these structures are in process of development and to aid in securing as perfect metabolism in the growth of the cranium as possible.

I believe that careful osteopathic care of the cervical area of the growing child would seem to favor the more healthy and normal growth of these structures, to the lessening of trouble with them in later years.

17 N. State St.

HYDROTHERAPY

THE FOMENTATION

Morris Lychenheim, D.O., Chicago

THE etymological meaning of the word "fomentation" is a poultice, but in common use we narrow the meaning to a moist and hot application by means of a towel or piece of flannel dipped into hot water and applied to the body. It is one of the most universally used means of relieving pain. There is nothing in therapeutics that rests on a more solid scientific foundation than "fomentation."

Here are a few facts which prove its value. The body is subject to physical laws of heat and cold the same as animals or material objects. Heat expands; cold contracts. When a person has a pain there is usually an inflammation or a contraction, or a thickening of some part of the body. A bony lesion may cause these disturbances. Ptomaine poisoning may be a cause. Irritations of any sort, such as dietetic, hygienic or mechanical, may be factors. Be the cause what it may, we do not have pain until a nerve is involved. But as the nervous network is so minute, pain usually follows if we have any impairment.

The fomentation is always a hot moist application. The temperature to be as high as the patient can tolerate, ranging from 125 degrees to 160 degrees F. The material can be either flannel, linen or cotton. Flannel or wool is best as the animal fibres of the wool retain the heat longer. The intensity is also increased by folding up to half a dozen thicknesses. Cover the moist cloth preferably with wool or flannel. In making an application to any part of the body, remember the anatomy and physiology of the part so as to control the circulation and make the application large enough to cover the area connected with the part where pain is experienced. By so doing, the whole systemic circulation is relaxed. Derivative effects are increased by making cold application to the tissues we wish to contract. For instance, in appendicitis, our purpose is to relieve the pain and also prevent general peritonitis, gangrene or perforation. The purulent inflammation can be controlled with least danger through cold application to abdomen and as a derivative measure fomentation to the dorsal and lumbar area. But in the majority of cases, the fomention is applied direct to the part affected. Dr. J. H. Kellogg, in his work "Rational Hydrotherapy" has given a most illuminating description of the methods and the physiological and therapeutic effects. Every osteopath ought to read this. In making an application, the part should be oiled with olive oil, cocoa butter, vaseline, or other lubricant in order to prevent burning. A good plan suggested by Pope is as follows:

*Take a piece of ducking of sufficient size, to the extremities of which two strong sticks about two feet in length have been secured by tapes, a hem, or stitching, so that their ends project sufficiently on each side that the nurse may comfortably grasp the ends without coming in contact with the ducking. Its technique is as follows: The patient lies upon the bed or couch, and the part to be treated is exposed and enveloped in a blanket pack covering a considerable larger area than the fomentation, the ends of the blanket being long enough to go well over one another. The nurse heats a large pot of water to the boiling point and then prepares the wringer, after which the skin surface is thoroughly anointed with an oleate—vaseline or cocoa butter. The nurse places the wringer over the bucket or deep basin, and on it the fomentation cloth and then pour over the cloth, the boiling water until it is thoroughly saturated. It is now lifted out of the basin by means of the wringer, allowed to drain for a couple of seconds, and then the sticks twisted in opposite directions (by two persons) so that every possible drop is squeezed out.

This is an important element of the technique, because if any water remains, we are liable to scald the patient. Little fear of a burn need be entertained **if the part has been well rubbed with the oleate** and all the hot water squeezed from the piece of blanket (fomentation cloth). So essential is this, that it should be constantly impressed upon the nurses. The nurse takes the twisted wringer containing the hot moist piece of blanket, lays it beside patient, opens the blanket, then unwraps the wringer, slides out the fomentation upon the affected part and removes wringer. It must be quickly adjusted to the part, the blanket closed, and **all air excluded** by drawing the blanket pack tightly over the fomentation, and especially close at the ends. The patient will likely complain of the intense heat, and squirm some, but must be encouraged to bear it, as this will disappear as soon as the tissues relax. If the heat cannot be endured, the nurse may "ease" matters a little by lifting the fomentation from the surface for a few seconds, without greatly loosening the blanket pack, and again dropping it in place and re-tightening the pack. The fomentation may remain in place five to ten minutes and may be immediately repeated, or again as the physician deems wise. If it is immediately repeated, the parts must be kept covered by the blanket pack and the processes gone through with as little loss of time as possible. Two pieces of blanket will be found useful on such occasion, the nurse preparing the second one while the other is in place, being thus enabled to make the change with great rapidity, a feature much to be desired. The beneficial effect of the fomentation can be decidedly enhanced by terminating the treatment with a brief cold application not to exceed a minute. The part then dried, rubbed briefly with the dry hand and protected from the air. * * Usually in sixty seconds you will get a relief that can be gotten from no other application that I know of.

The method given above is but one of the other methods of applying the fomentation. I have taken an old broom handle and improvised two handles from it with a piece of cotton sheeting and safety pins for the turn around the handles. Twisting without the handles is also satisfactory.

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*Practical Hydrotherapy" by Curran Pope, M. D.

Relief from pain through the application of heat or cold is so physiological, no physician can afford to withhold study. The investigators and patient experimentalists in hydropathic therapy constantly deplore the fact that the great majority of physicians do not systematically study this branch of healing. The osteopathic physician has a marvellous substantiation of osteopathy in all works on hydrotherapy. They run on parallel lines. Therefore, it is a powerful confirmation of the wisdom of our founder, A. T. Still, because hydrotherapy is the oldest therapy in existence, and the newest and truest merges with it. One is a better osteopath for the knowledge of hydrotherapy.

39 South State Street.

Osteopathic Hospitals and Sanitariums

DETROIT HOSPITAL

Rebecca B. Mayers, D.O., Detroit
(Superintendent)

(Extracts from address before the New York City Society, April, 1920)

What advantage would an osteopathic hospital be to New York or any large city with a profession able to care for it? What would it mean to the community? What would it mean to the profession? Would it mean anything? First of all—what is a hospital, and what is it for?

For years the hospital has been regarded as a house of mystery, as a necessary evil—(and there are some who still cling to this idea), but the majority has come to understand its mission—the better facilities it offers for combating disease, restoring health, and prolonging life. Instead of being a place for housing the homeless and helpless, it has become the chief instrument for treating disease.

The rapid growth of the city population with its irregular and congested life has increased the need for the scientific institution to care for the sick and injured. The public has gained more confidence in the hospital for, if a fight becomes necessary to save a life, they know the hospital affords the best facilities for it, and most hospitals justify this confidence. So the hospital has come to stay. The community demands it.

Now, what about an osteopathic hospital? Is it a necessity? Do the public need and wish it? Do the profession want it, and will they support it? The osteopathic physician is a specialist, does a special kind of work. He does a work not reached through any other field of practice, and his patients are entitled to the same considerate, skillful care and attention as that accorded those of the medical profession through the medium of their long established and well equipped institutions.

Too many times have our patients been deprived of hospital care, too many times has the osteopathic physician been obligated to work under the most trying difficulties in the home in his efforts to combat disease and other afflictions. We could not suggest our patients going to the hospital for we could not follow them there and treat them according to our own methods. So we worked on, doing the best we could, and I am willing to believe that in a great many cases, our cures were Providential. Therefore, if just to give the patient a better chance, you ought to have a hospital. After you have once had a patient in a hospital, and he has gone away cured or reasonably benefited, you will have no difficulty in persuading him the next time he is ill that the hospital is the place in which to be treated when ill. He wants the hospital after that.

The osteopathic profession ought to want an osteopathic hospital, even if a few should think that they do not—and it should receive the enthusiastic support and help of every practitioner in and about New York. It offers an opportunity to grow and to develop greater strength and greater usefulness. Its value as a medium for exchange of ideas cannot be overestimated. It opens the way for a better working knowledge of the newer scientific discoveries as manifested through hospital associations and experiences, and militates against those little petty jealousies that tend to keep the individual members of the profession apart. We come to know each other better as we come and go in the hospital—and, after a while we begin to feel that Dr. Jones is not at all the man we thought he was. He has had an interesting case in the hospital, and he has treated it most successfully. We wonder how he did it? What were his methods of treatment, etc., etc.? Outside of the hospital we would not have had the courage to inquire, but each being an integral part of the hospital family, gives us the courage to ask questions, and we receive some valuable information from Dr. Jones that will help us in days to come.

The hospital becomes a medium for the opening up of "leads to usefulness," for the realization of opportunities, for a clearer understanding of our mission and for better recognition of the possibilities and development of our profession. To be sure, you are not all going to agree all the time, and you are all going to make many mistakes, but you are going to profit by your mistakes. They will show you your need of a broader vision and if you profit by them, as you should, they make you flexible, they make you grow, and as a consequence you will be led along paths of fewer and fewer mistakes.

An osteopathic hospital helps in the establishing of one's practice. It gives the individual practitioner prestige—a better standing in the community. Why, over in Detroit we felt like a Mayo or a Crile or some other of those noted medical men of whom you hear about so often, when we could suggest to a patient that he go to our osteopathic hospital. Yes, it does add a vast deal to one's respect of himself in his profession, and osteopathy becomes known as it never could be known without the hospital.

The doctors grow under the influence of the hospital. They are more zealous, more earnest, more sincere, and as a consequence their patients receive more skillful, careful attention, and their rapid, permanent recovery is the answer. It is not my intention to exploit the Detroit Osteopathic Hospital. We have been peculiarly fortunate in a way in having our institution practically presented to us.

My own idea is that the profession would appreciate it more if they had had to make the effort and solicit the necessary funds for its establishment, for I believe that we get out of a thing just in proportion as to what we put into it. All came to us so easily, that there are some osteopathic physicians in Detroit who do not yet realize that they have this wonderful place for the better care of their sick and afflicted patients, and where the skillful care and attention of

trained attendants will add 50 per cent, yes, more than that, towards hastening their recovery. I hesitate to say it, but there are some osteopaths in Detroit who never yet have even visited the hospital. Perhaps they have no need of a hospital, but I cannot understand the class of patients they treat if they have not felt this need.

And this is one of the first and most common problems which we face in every osteopathic enterprise, the lack of cohesion, the lack of "teaming up" among the osteopathic profession. We live in too narrow confines, and nurse our petty jealousies until our capacity for service is warped and dwarfed. I think you will find that the greater need is to educate the profession, rather than the public. The individual osteopath must be made to realize that the success of the institution depends upon his interest in, and the amount and kind of service he may render to it.

The doctor has not yet learned the meaning of "hospitalization" in its fullest sense; he has not yet learned to impress upon his patients the necessity and advantages of hospital care. He has for years been treating his patients in their homes, why continue to do so? And this apparent indifference is largely responsible for the slow development of hospital service. By allying our forces and concentrating our efforts, by exchanging our ideas and methods which come to us through hospital experience, we can attain the high degree of recognition which we covet in hospital service. Nothing worth while comes without effort, and those of us who would try to win success without effort are on the sure road to defeat. We must all strive and sacrifice if we hope to achieve. Believe in yourself and in your institution. Be sure of yourself. Let us have 100 per cent confidence in what we have to offer, and this will eventually radiate to the community in which we operate.

Our patients are entitled to the best possible service while undergoing hospital treatment, hence our staff should be composed of men and women known to be competent in their respective fields, of high character and ethical. This will create an atmosphere that will radiate to the rooms of the patients and they will be made to feel that the doctor's mission in the hospital is for good, for the promotion of happiness, for the relief of pain, and the prolonging of life, and your success is assured. Your work has become as your religion. A hospital cannot function as it should, cannot fulfill its mission as a healing institution unless all connected with it are of the soundest loyalty and integrity, they cannot be loose in life and practice, and careless and neglectful.

Satisfied patients are our best advertisers, and those who go out happy from the institution in which they have successfully undergone an operation or serious illness are our hospital's greatest assets. Do not start a hospital with the idea of making money, with the idea of even paying expenses the first few years. In this day of high cost of maintenance in every department, the inability to charge an adequate fee for the services rendered in a hospital, and the prevalent feeling of some patients that sick folks should make an exception of themselves when it comes to paying bills, a hospital organized for profit will prove a disappointment.

You are about to start a campaign for raising funds for the establishing of your new hospital, and along this line you must bear in mind a few fundamentals. The hospital must sell its idea of efficiency. You must be definite in your presentation of needs, present the whole situation and ask for big things. Your prospective benefactors will want to know just what you have to give in return. They will want to know about how you are organized, or are you organized at all, and by whom? Is your organization one with a definite, well defined, worthy purpose? Is it a necessity in the community? Are you equal to giving the best of service to the sick and needy? Is the service you propose rendering one of heart and conscience, or are you in the business for what you can get out of it?

Your benefactors demand that your service be given tenderly, conscientiously and skilfully, and that can only be done by one with a conscience, by one with a lofty purpose and ambition, by one whose life is molded over the block of sincerity and right living, and with the consciousness of "duty well done." the paramount issue in his life. There is no royal road to achievement. It requires courage and great integrity, and the development of the utmost of every capacity for service which we possess.

Yes, an osteopathic hospital would be an advantage to New York, as it is to Detroit, as it would be in any place on earth where suffering humanity needs relief.

In brief, I have tried to show to you a few of the ways in which your hospital may redound to the good of the community, to the spreading of the gospel of osteopathy, and to the upbuilding of the profession, strengthened by achievement. With these thoughts in mind I bid you go forward with your undertaking and establishing of your osteopathic hospital, profiting by your mistakes and fusing your work with your faith and aspirations, always striving for the highest ideals and rendering to your patients the best service at your command. You cannot fail.

In conclusion, let me say that the road to hospital success is one of constant, concentrated, earnest effort. It has been defined by these three words: Correlation (of plans); Co-ordination (of work); Co-operation (in tasks undertaken), but the greatest of these is Co-operation, and without which you can do nothing.

A brief resume of the cases we have had may be of interest to you and the profession at large.

We have admitted 977 cases, divided as follows: Obstetrical, 137, included in which number were 7 Caeserian deliveries, and three sets of twins. Non-surgical cases, 200; surgical, major, 152; minor, 497; the latter including orificial, orthopedic and tonsillectomies. Nearly fifty different osteopathic physicians have taken advantage of the opportunities afforded by the hospital. A few case reports will be given.

Case Report of Mrs.————
(Referred by Dr.——— D. D. S., to P. L. Lathrop, D. O.)

Family History: Father died of tuberculosis of lungs at age of forty-five; mother died of diabetes mellitus at forty-nine; one brother and three sisters living and in good health; four children in family died in early childhood.

Past History of Patient: Usual childhood diseases; had pneumonia three times each year from two years of age until she was seven, at which time she had a fall, resulting in tuberculosis of the hip, which has been stiff

ever since. Was in bed, in a cast, one year and had soreness of hip and wore a brace until eighteen years of age, but has enjoyed reasonably good health until recent illness.

First Consultation: Saw patient in consultation with dentist who had operated, as follows: On right sup. max. bone, extracted second bicuspid and first molar, cureted necrosed bone and opened into antrum, established drainage of antrum, which was abscessed. On left sup. max. bone, extracted first and second bicuspids and cureted. A month later the patient contracted a very severe cold, which arrested drainage from antrum.

Physical Condition: At first examination of patient three days later she had severe pain and swelling of all the joints of arms, legs, feet and shoulders, severe pain in chest, extreme dullness on percussion of entire thoracic cavity and edema of entire body. Temperature 101.8, pulse 104, respiration 40 and very shallow. Patient was immediately removed to the Detroit Osteopathic Hospital.

Urinalysis: Showed albumin, indican, casts, large amounts of pus cells and mucus.

Diagnosis: Acute articular rheumatism, acute nephritis and pleurisy with effusion.

Treatment: Osteopathic treatment every day as indicated, strapped the chest, hot packs to kidney area daily for three hours, following one hour in electrical blanket, ice packs to jaw for pain, half teaspoonful doses sodium bicarb. in plenty of water every three hours, large quantities of water to drink, saline enemas and pluto water P. R. N. for bowels. Diet—fruit juices. This line of treatment was continued until patient was well out of danger; then a modification of same line of treatment was continued. On the second day after entering hospital, the antrum was irrigated and drainage re-established.

Present Condition: Patient was discharged from hospital June 24th, 1920, and has had osteopathic treatment to date, and is practically well.

Case Report of Mrs.————
Lawrence E. Day, D. O., Roentgenologist

Case History: Housewife, age fifty years; chronic sufferer from constipation and stomach trouble for many years. Stomach symptoms, the intensity of which had increased markedly of late, consisted of a regurgitation of both sour fluid and food into the mouth several hours after ingestion and a dull heavy feeling in the lower left quadrant of the abdomen more or less continuously, varying in intensity depending upon the amount of time the patient was on her feet. Patient complained of a constant area of superficial tenderness in the region of the solar plexus, associated with pain in the suboccipital and upper dorsal regions of the spine. Blood pressure was 210 (systolic) two years ago, osteopathic treatment having brought it down to 170 at the last examination. Diastolic pressure ranged around 130 at the last reading.

X-Ray Examination, Jan. 23, 1920: Fluroscopic examination revealed thickening of arch of aorta, and enlarged heart shadow, apex dilated and far to the left. No constrictions in oesophagus, nor at cardiac orifice of stomach. It required eighteen ounces of opaque food to completely canalize stomach, lower border of which extended four inches below umbilicus, with patient standing.

The longitudinal muscle fibres of the stomach were atonic, allowing the malposition and pouch like sagging of the lower border of the organ where food was retained. Circular fibres had normal action and performed function of peristalsis in normal manner, the only break in peristaltic wave being on the lesser curvature of the stomach at a point on the pylorus corresponding with the point of superficial tenderness over the abdomen.

Second examination made five hours later showed about one-third of stomach contents retained in pouch-like sack at lowest level of organ, longitudinal muscular fibres of stomach not having power enough to lift this retained food up to a level where it could be expelled from stomach through pylorus. All of this examination was with the patient in upright position; stomach emptied completely when patient was lying on right side, permitting gravity to assist in complete expulsion of opaque meal.

Diagnosis: The symptoms grouped, point to this being a case of gastroptosis, with possibility of gastric ulcer near upper border of pylorus and remote possibility of soft gall stones of a cholesterin consistency.

Urine: Thirty-eight ounces, Sp. Gr. 1012. Albumin and sugar negative, indican positive, some pus cells, epithelia and numerous bacteria.

Blood Examination: Wasserman negative.

Treatment: Patient was taken to Osteopathic Hospital, March 17, 1920; high enemas were given morning and night with hips elevated and patient on the back, retention of the normal saline solution being encouraged. The patient was permitted absolutely no food for the first five days in institution, a glass of cool water every hour during day being given. On fourth day numerous concretions were passed from the bowels and a gradual diminution of the pain and discomfort in the epigastric region was noted. Beginning with sixth day, soups and milk were permitted. From tenth day on, fruit and vegetables were allowed.

Present Condition: Patient was given osteopathic treatments directed mainly toward the mid-dorsal region; normalizing anterior lumbar curve and direct manipulation of liver and colon, particular attention being paid to region of caecum and ascending colon, as well as to stimulating nerve reflexes to intestinal tract through solar plexus. Patient's general condition being so much improved and having normal bowel movements at this time, she was permitted to leave hospital after a stay of about two weeks. Osteopathic treatments three times a week were continued for a period of three months, at end of which time patient was discharged as cured. There has been no return of any of the untoward symptoms up to this date, a period of over a year.

Report and Recommendations of President of the O. W. N. A. Cleveland Convention, July, 1921

JOSEPHINE L. PIERCE, D.O., Lima, Ohio

SEVEN years ago our osteopathic women's interests in the welfare of women and children became organized, and later known as the Women's Bureau of Public Health of the A. O. A. During these years there developed a splendid spirit of co-operation among our women along public welfare lines, and a final realization, one year ago, of the great need for more definite organization, in order that our women might more fully develop our special humanitarian interests; that we might meet on the basis of organized womanhood and anticipate affiliation and representation in the national programs for the welfare of women and children.

The Osteopathic Women's Clubs of Los Angeles and Chicago have fully demonstrated that through definte organization effective results are being accomplished for the members and for the community. The six years under which we served the A. O. A. in the capacity of the Women's Bureau of Public Health, furnished opportunity for service and development of our program, but no opportunity for council in, or co-operation with, state or national women's organizations. Thus, while our field of interest and activities is not so materially changed, the present form of organization has become most advantageous, convenient, and promising.

The Osteopathic Women's National Association has safely reached the first milestone of its life's mission. The vision and enthusiasm which prompted our organization one year ago has, during this year, continued and spread, and in many states is definitely crystallized into action. It has been the aim of the

officers to interpret the policies adopted at our organization meeting, to create the machinery necessary to carry out these policies, and to develop, as rapidly as possible, the organization in the various states.

Objects and Organization

Contrary to some early impressions, we are neither persuing nor undertaking any of the duties of the A. O. A. Our objects, as stated in our constitution, are as follows: "To promote the welfare of women and children; to co-operate with other women's organizations; to stimulate state and local organizations and to secure combined action by our women." Furthermore, we are happy to say that we are and will be a support and strong ally of our parent association.

While your president will welcome the day when the now seeming multiplicity of organization may be unnecessary; when there may be a common council of men and women over issues which are vital to both—they are now too often counciled upon separately—still there will always be certain interests and problems peculiarly our own and calling for the organization of the various groups of women to meet them. The present tendency of all national women's organizations to co-ordinate forces for the accomplishment of certain purposes, of common interest to all, is an encouraging sign. An example of this co-ordination is found in the combined forces now back of the Maternity and Infancy Bill which is before the present Congress.

Activities

The past year has been one of intensive organization, participated in by all officers and chairmen in co-operation with the state representatives or presidents. The preparation of the pamphlet containing the foreword, constitution and by-laws and the plan of refund (which matter was adopted by the officers following the convention) engaged the first attentions of your president. A copy of this pamphlet was mailed to each woman on our then available list of women osteopaths. Copies of these pamphlets, together with stationery, were mailed to all officers and chairmen as well as to our state representatives. Previous to the forwarding of the pamphlets, a letter had been sent to the state chairmen of our former Women's Bureau of Public Health appointing them temporary presidents to assume leadership in their respective states until their regular state society convened, when permanent organization could be completed. The response from the states has been gratifying. The great difficulty to effect organization in those states where our women are widely scattered, presents the same problems now, as under our former bureau plan. These more or less isolated women should nevertheless affiliate with our national association, receive its inspiration and obtain the force of its support and influence, even though it may be difficult for them to enjoy a strong local state organization of women. Since each state and local club president will present a report of their activities for the year I will leave this interesting part of the work to them.

The first Osteopathic Women's Club to organize under our national plan was that of Omaha, Neb. To Colorado goes the honor of organizing the first State Osteopathic Women's Association. Among other clubs are those of Seattle, which is promoting a most constructive program, Minneapolis, St. Paul, Akron, O., Washington, D. C., Louisville, Ky., and the previously established clubs of Los Angeles and Chicago. The state associations organized during the past year include California, Colorado, D. C., Florida, Illinois, Iowa, Kansas, Michigan, Minnesota, Nebraska, Ohio, Texas, Utah and Washington, and possibly others whose reports I have failed to receive.

At this time may I again make a more earnest appeal for reports The state presidents cannot report to the national headquarters until individuals have reported to them. Again, some state presidents procrastinate with their reports. Let us all resolve to be more prompt in this matter. If there are no activities to report then report this lack, and let us see if this state of inactivity cannot be improved.

Your president was present during the organization of the associations in Ohio, Michigan, and Colorado, and noted the splendid interest and enthusiasm among these women for our cause. I am confident that had it been possible for an officer or representative of the national association to have been present during all state conventions every state might now have an Osteopathic Women's Association. I recommend this procedure to the incoming administration.

Furnishing these local clubs and state associations with plans and programs and various individual correspondences has been one of the pleasurable duties of the year.

Welfare of Women and Children

The welfare of women and children constitutes a most extensive and comprehensive field for service. It is only natural that our special field in this program is most concerned with the health phase, though we must not restrict our vision of welfare to health alone. Social, industrial and economic conditions play important parts in the field of public welfare. We must be interested in the constructive program of keeping the well well, since our science has much to offer in this line through its fundamental principle of preventive therapeutics. We have encouraged and should further encourage the conservation of our mothers through maternity centers, proper instruction in hygiene of maternity and infancy, and in support of a decent family living wage. We need to continue interest in the development of our girls through healthful physical activities, and in creating a good moral atmosphere in the community and in the home. We are interested in the preparation of all girls for the duty of motherhood, and urge the installing of courses in mothercraft in our public schools. We advocate the "Back to the Home" drive, and the re-establishment of the family circle as a most constructive force in character building of the youth as against the present tendency to seek all associations, pleasures and entertainment outside of the home.

There is no field more interesting and more fruitful of results than that of child welfare. The years of interest and activity of our women in the Children's Clinics and Children's Health Conferences have been most profitable. The outline on Child Welfare, recently issued by the General Federation of Women's Clubs, is most complete, and I wish to recommend it to our women. While developing our yearly pro-

grams in the future let us include a study of child welfare standards and a survey of existing local conditions, such as the health needs of the home and school. Is there child labor? What of the care of the dependent and the delinquent? Is the Juvenile Court fulfilling its duty? What is the province of your day nursery? What of the children's institutions? Are they filled with normal children while the feeble minded are roaming?

Let us be interested and active in all legislation affecting women and children. This will include the Children's Codes, Mother's Pensions, Minimum Wage bills and Social Health. With the A. O. A. let us add our active support to all constructive health legislation when the administration of these laws are unhampered by the domination of any special interest or interests. Let us work for the establishment of an osteopathic loan scholarship fund, whereby worthy girls with a special adaptability, who would otherwise be unable, may be given the opportunity of entering an osteopathic college and completing the course.

Membership Campaign

A conference of your president, secretary, policy chairman and our Kentucky representative was held in Columbus in March, at which time plans for a general membership campaign were outlined and submitted for endorsement. After approval, due to the illness of our membership chairman, this plan was carried out by your secretary and president. Your secretary, who has had a very busy year, will include the results of this campaign in her report.

Annual Conventions

During the above mentioned conference the program for our annual convention was outlined, date of sessions determined and committees appointed. It occasioned considerable readjusting of the sessions to conform with the ruling, later revealed, that no sessions of outside associations can be held during the hours of the regular program of the A. O. A. This accounts for the necessity of these early sessions which we trust, however, may become established for the future welfare of both our organization and the A. O. A. The Osteopathic Society of Opthalmology and Oto-Laryngology are holding successful conventions just previous to the A. O. A. Convention, and it is entirely possible for the Osteopathic Women's National Association to do likewise.

I submit the following recommendations:

Recommendations

1—Continued efforts for a 100 per cent membership. It is not alone the machinery of organization that is needed, but the power and influence of numbers. For the present direct membership in our national association seems advisable. When states are fully organized, affiliation may better be established through groups, clubs, etc., which may mean a federation instead of an association.

2—A traveling organizer, either national or for districts, whereby every state, district and local group, including the colleges, may be met, issues explained and assistance given where needed.

3—The securing of more associate members, including the women relatives of both our women and men osteopaths and our enthusiastic women friends and patients.

4—The preparation as nearly as possible of a uniform constitution for all the states and a clear, definite line of action and program to be followed.

5—The appointment of a national legislative chairman and committee, and a similar committee in each state association.

6—The early establishment of an Osteopathic Loan Scholarship fund.

7—For the present, the use of existing magazines and bulletins of the profession as our medium of publicity, but as early as possible the issuance of our own bulletin or publication.

8—Affiliation as soon as practicable, of our national association with other national organizations of women, especially those National groups co-ordinating forces in the interest of the welfare of women and children. Also the affiliation of the state association with state women's groups and the same procedure for the local clubs.

In conclusion your president desires to express her appreciation of the splendid co-operation and harmonious spirit of the members of our executive board, as well as the untiring efforts of our state presidents and the individual members who have labored for our cause during the past year. May this spirit ever prevail. May personalities and politics ever be submerged and policies and principles be our guide. May faith in our cause and in each other keep down all undue or unjust criticism while we are building our foundation. Mistakes will occur, but if we have faith in each other's honesty of purpose and correctly interpreted motives, such mistakes will not harm us. Without this spirit we cannot succeed nor long survive.

RESOLUTION ADOPTED BY THE O. W. N. A., JULY 23, 1921

(1) WHEREAS, we recognize that the interests of all members of a profession are identical, but that women bring to any question a point of view somewhat different from that of men, therefore, be it

RESOLVED, that we follow closely the policy of The American Osteopathic Association in all its programs and to that end we request the executive committee of that body to appoint a woman on each of its standing committees.

(2) WHEREAS, it has been demonstrated that concentration of authority and responsibility adds to efficiency, and that best results can be secured by co-operation, therefore be it

RESOLVED, that we co-operate with the legislative committee of the American Osteopathic Association in securing legislation which protects the interest of the osteopathic profession, and that we urge upon all our members the necessity of taking an active interest in all legislation both state and national.

(3) WHEREAS, the several professional journals have afforded us ample space for reports, therefore be it

RESOLVED, that we express our hearty appreciation and thanks for the courtesies extended to us by the A.O.A. Journal, the A.S.O. Journal, the Osteopathic Physician, the Central States Osteopath, the Osteopathic Truth, the Western Osteopath and the Ohio State Bulletin.

(4) WHEREAS, preservation of health and life of mothers and babies is a matter of vital importance to all women, and

WHEREAS, we believe that to render financial assistance to those in dire need is one of the functions of government, therefore, be it

RESOLVED, that we reaffirm our endorsement of the Sheppard-Towner Bill, with the following recommendation as to its administration: "Provided, however, that no order, ruling or recommendation shall be made that will have the effect of discrimination between members of different schools of practice duly licensed under state authority."

(5) WHEREAS, we recognize that the framers of the bill "to provide for the promotion of physical education in the U. S." have, by their amendments, recognized the rights of all professions and,

WHEREAS, we believe that the necessity of improving the physical status of the youth of our nation, and,

WHEREAS, we believe that a system of physical education is an effective means to that end, therefore be it

RESOLVED, that we endorse the amendment FESS-CAPPER Bill, and that we give it our active support.

(6) WHEREAS, the interests of any group can best be served by co-operating with other groups having a common point of contact, and,

WHEREAS, women are, and should be, especially interested in those matters which pertain to women, therefore be it

RESOLVED, that we urge upon our members the necessity of allying themselves with existing women's clubs and other organizations in their respective communities and of co-operating with them in all matters of public welfare, at the same time using their best efforts to forestall any legislative or executive procedure which would be inimical to the interests of the osteopathic profession.

ELIZA EDWARDS, D.O., Chairman
ELIZABETH E. SMITH, D.O.,
AMY B. SCHOONMAKER, D.O.

OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Those who failed to attend the first annual meeting of the Osteopathic Women's National Association at Cleveland in July missed a most inspiring and enjoyable time. The spirit of the meeting was one of wholehearted co-operation and enthusiasm for our new organization, and the reports of the officers, chairmen of committees and State representatives show that very much has been accomplished in this first year of our existance. A complete report of all meetings will be sent soon to all members of the association.

Officers elected for the ensuing year are as follows: President, Josephine L. Pierce, Lima, Ohio; Vice President, Roberta Wimer-Ford, Seattle, Wash.; Second Vice President, Ellen B. Ligon, Mobile, Ala.; Secretary, Katherine McL. Scott, Columbus, Ohio; Treasurer, Eliza Edwards, Cincinnati, Ohio; Auditor, Lillian Whiting, Pasadena, Cal.

Chairmen of Committees: Policy, Julia Richardson, Minneapolis, Minn.; Membership, Gwadys Morgan, San Diego, Cal.; Professional Education, Janette Bolles, Denver, Colo.; Press and Publicity, Fannie E. Carpenter, Chicago, Ill.; Finance, Grace Berger, New York City.

Current Literature

G. V. WEBSTER, D.O., *Editor*, Carthage, N. Y.

Sir Robert Jones of Liverpool, England, contributes an article to the August 21 *Journal of Surgery* that is of more than passing interest to the osteopathic physician. The title of his paper is "Manipulation of Stiff Joints."

One of the difficult problems presented to a surgeon is the decision as to when a stiff joint is to be moved and when it is to be rested. In other words, the diagnosis between a joint rendered stiff from active, even if very mild, arthritis, and a joint hampered in its movements by adhesions or adaptive muscle shortening.

An arthritic joint is dependent upon rest as a preliminary to motion. A joint restricted in its movements by extra-articular adhesions has to be approached with the view of movement active and passive. If adhesions do not yield readily to active and gentle passive efforts, the question of more forcible methods has to be considered. Attempts at moving arthritic joints lead to greater stiffness in consequence of inflammatory reaction. It is necessary, therefore, to emphasize certain principles to assist us in making a differential diagnosis.

A painful joint which is rigid in all directions is the seat of an arthritis, while a painful joint which is rigid in certain directions only—movements being normal in others—is free from arthritis. This is more obvious in joints such as the wrist, shoulder, hip and spine, which have a comprehensive range of movement, than in joints such as the elbow, ankle and knee, where the movements are practically limited to flexion and extension.

If there be no limitation of movement in a suspected joint, there is no arthritis. In early cases the rigidity must be examined for without an anaesthetic, as it is primarily due to protective muscular fixation. Later, contractures or muscle shortening will follow as secondary effects, but by then a diagnosis will be obvious.

A word of warning is issued on "The Deleterious Effects of the Bromide Treatment in the Diseases of the Nervous System" by Dr. E. Livingston Hunt, *Medical Record*, July 16, 1921. We have heard the bromides called the "sheet anchor" of medicine for nervous disorders. All practitioners have had at times occasion to observe many of these points which Dr. Hunt emphasizes.

1. That bromides are very far from harmless.
2. That their prolonged administration will give rise to both physical and mental symptoms, the latter a condition akin to paresis.
3. That they tend to aggravate the irritability and mental deterioration in long standing cases of epilepsy.
4. That toxic cases develop more rapidly upon the administration of bromide.
5. That circulatory, traumatic, and arterial cases are peculiarly susceptible to their administration.
6. That bromide may mask the symptoms of mental disease just as thoroughly as does opium in surgical conditions.
7. That mental and alcoholic cases are peculiarly susceptible to bromidism.

In a clinical study of pernicious anemia Drs. Levine and Lodd reporting in *Johns Hopkins Bulletin* August 21, one of the most important findings was with reference to the gastric secretions.

Our study of 150 cases of pernicious anemia includes seven patients in whom the subsequent course of the disease either indicated that the diagnosis was wrong or threw considerable doubt on its correctness. The gastric secretion in the fasting contents and after an Ewald test breakfast was analyzed in 107 of the 143 cases of pernicious anemia. Analyses were made repeatedly on the same patient in many instances when the blood condition was low and when normal, and some analyses extended over many years. In only three cases was free HCl found at any time in the gastric secretion, and in two of these cases the diagnosis of pernicious anemia was questioned. These figures, then, show a persistent anacidity in 104 or 99 per cent of cases of pernicious anemia. Pepsin was tested for in a small number of cases and was always found lacking.

Evidence has been brought forward that the changes in the gastric secretion occur very early in the disease, often years before the blood picture develops, and that once established they are never altered by the remission so characteristic of the disease. The presence of free HCl in a suspected case of pernicious anemia is important evidence against this diagnosis. In five such patients who showed varying amounts of free HCl in the gastric secretion, operation, post-mortem examination, or subsequent findings practically ruled out pernicious anemia. Its absence should suggest pernicious anemia as a probable diagnosis worthy of careful consideration.

Dr. J. P. Griffith in *New York Medical Journal* August 3, 1921, presents many practical observations relative to the dietetic treatment of Eczema.

There exists the modifying basic tendency which we may call exudative. This tendency can be cured only by the passing of time, but the exciting agent which produces an attack of eczema should be sought for and removed. The causes of this nature are chiefly dietetic.

Often there appears diminished tolerance for sugar, especially maltose, and an alimentary glycosuria is readily produced. In one case under my care eczema was completely relieved by using lactose instead of the pure maltose which had been employed in the milk mixture. Other carbohydrates, such as the starches, may be the agent. Thus, in one instance the mere change from an oatmeal water diluent to one of barley water was sufficient to cure the disease. Frequently an excess of fat in the food is clearly the cause. In a recent case the reduction of the percentage of fat from two and seven tenths to two, was followed in twenty-four hours by remarkable improvement. The mineral matter of the diet has been accused by Finkelstein and others. Whether the protein can be an active agent is uncertain, yet it has at least been shown by Schloss that infants with eczema will in many instances exhibit a cutaneous reaction to certain proteins. With this statement other observers are in accord. White believed that the majority of cases of eczema will react to a cutaneous food test; Blackfan found a cutaneous reaction in twenty-two of twenty-seven cases of the disease, and O'Keefe in a recent article observed a positive protein reaction in forty-one per cent of seventy cases studied, all the patients being under four years of age.

It is evident, therefore, that whereas food is a prominent factor, the active ingredient of this in the production of the disease must vary with the case. In this matter a most careful study of the diet is necessary in each instance. It is noteworthy that infants with eczema are prone to recover completely when the first year is passed, and a more general diet is commenced. We cannot be certain that this is due to the dietetic changes, but it is at least suggestive, and indicates that a diet solely or largely of milk may be the etiological factor in some instances.

In "The Etiology of Hypertension," *Medical Record*, August 27, 1921, Dr. Yarbrough attempts to clarify the atmosphere relative to the underlying factors contributing to this condition.

Hypertension is the most anomalous and perplexing symptom now engaging the minds of the profession.

A state of chaos exists as to its etiology; this is clearly proven by the great divergence of opinion among investigators. Jacobi and his followers believe that all hypertension has its origin in nephritis. Jacobi goes so far as to state that all systolic pressure approaching 200 is proof positive of nephritis. The other school believes the etiology is to be found in the blood tree. Hemenway differs from these schools in that he believes a viscosity of the blood is the leading factor. The opinions of all these gentlemen seem plausible, as expounded by them; however, after much investigation and experience, I am convinced they are in error.

The true etiology, in my opinion, will be found in a carbohydrate acidemia. The following facts seem to be strong proof of the correctness of this conclusion:

1. The history of every case with which I have had to deal showed a large preponderance of carbohydrates in the diet.

2. They all showed an acidemia.

3. In former years a large percentage of our nephritis cases were addicted to the use of alcohol (a pure carbohydrate product).

4. In every instance the pressure has quickly fallen to normal under a strictly protein diet, and such drugs as would promote alkaline secretion, or the administration of an alkali.

5. In every experiment made, a substitution of the proteins by the carbohydrates, and the withdrawal of the alkaline promoting drugs, was quickly followed by a rising tension.

A careful study of the part played by the carbohydrates in the process of digestion also offers strong proof of the above hypothesis. It is known by all chemists that the end- or by-products of carbohydrate digestion are acids, too various in kind and number to be discussed in this paper.

The main function of the liver is to neutralize these acids and other poisonous products. A long preponderance of the carbohydrates in the diet produces these acids in sufficient quantity to cripple the secreting power of the liver; a natural consequence of this crippled function is a blood stream filled with these acids. The detailed treatment of this condition is not contemplated in this paper; however, I feel constrained to say here that in advanced cases, the fate of the patient absolutely depends upon the restoration of the hepatic function.

In the August number of the *American Journal of Medical Sciences*, Rowe gives a valuable contribution to the literature on basal metabolism. His concluding paragraph follows:

The importance of basal metabolism studies in the handling of thyroid diseases must be recognized. By metabolic rate determinations we are greatly aided in our diagnosis of early and obscure cases of hyperthyroidism. Moreover the degree of severity of an obvious hyperthyroidism can be determined by this test. Again the presence or absence of toxicity of an adenomatous thyroid is made evident through these metabolic studies. As a guide for surgical removal of goitres, surgeons are recognizing the value of this test.

Bibb: (*American Journal of Medical Sciences*, August 21) gives the results of his experiments to determine the effect of lowered resistance due to exposure concluding with the following summary.

1. The changes provoked in rabbits by the ice bath are as follows:

Multiple minute hemorrhages in the lungs.
Multiple minute hemorrhages in the stomach.
Changes in blood content of thacheal mucosa.
Contraction followed by congestion of the spleen.
Pallor followed by redness of the skin.
Albuminuria.
Leukopenia followed by leukocytosis in the peripheral blood.

2. The first five of these changes are apparently caused by vasomotor variation. The remaining two are closely related to vasomotor function.

3. The following hypothesis is offered in explanation of the increased susceptibility to bacterial invasion brought about by chilling the body surface;

a. That vasomotor tone and organ function are maintained by the successive functionation of different shifts or relays of cells, each having its own threshold of susceptibility to stimulation and rehearsing its stereotyped function according to the laws of fatigue and its own individual needs;

b. That vasomotor changes exert a provocative or stimulating effect on tissue cells, causing an increased discharge of function;

c. That early though fully developed inflammation with all the classic symptoms is to be explained as excessive liberation of cell function, and this may lead later to exhaustion, incoordination and the consequences of these;

d. That the cell tends to summate the various similar and dissimilar stimuli playing upon it at each given instant and react to its environment as a whole;

e. That the vasomotor changes set up by lowered temperature can be summated with the stimulation from relatively harmless bacteria, so as to bring on an excessive liberation of function constituting an inflammation of the affected part.

As an aid to diagnosis the following taken from "Practical Points in the Diagnosis of Sinus Diseases from the View Point of the General Practitioner,"

R. F. Ridpath, M.D., (*New York Medical Journal*, March 16, 1921) may be of considerable value.

It is my purpose to present a few of the many symptoms and diagnostic points of sinus diseases which general practitioners may find of value in their work.

One symptom which is practically always present is headache, the location, severity, time of onset and departure varying according to the sinus affected. Headaches associated by infection of the maxillary sinus are reflected to the supraorbital notch and the inner canthus of the eye, and would be present at the time when the sinus acts as a reservoir for the accumulating pus. This is so when the patient is in an upright position, such as standing or sitting, and the headache would therefore occur durng the day, becoming more severe until the patient assumed a recumbent position, thus finding relief. The ostium of the maxillary would be at the lowest point in this position, and would allow drainage, emptying of the sinus taking place. In contradistinction to this is the headache and pain resulting from a frontal sinusitis. This pain is situated over the supraorbital ridge, and radiates upward and backward toward the vertex. The pain is throbbing and sickening in character, and occurs when the patient is in a recumbent position, due to the lack of drainage.

Patients suffering from a frontal sinus infection will describe the pain as coming on a few hours after they have been in bed, and this continues until they are compelled through the severity of the pain to assume an upright or sitting posture. In this position, the frontal sinus is in the best position for drainage to take place, and your patients will state that after they have walked the floor or have been sitting for a half hour or more, the pain is relieved and they are again able to lie down and sleep for a few hours.

The pain and other symptoms recurring at this time, due to the sinus filling with pus, is what is known as morning frontal headache. This should be a sufficiently significant factor for the general practitioner to question the patient more thoroughly and to consider the possibility of a frontal sinus infection being present, and not send the patient to an ophthalmologist for treatment of errors of refraction, as in eyestrain, or headache resulting from eyestrain, the pain comes on after the eyes have been used for some time; whereas, in empyema of the frontal sinus, the pain is greater after the patient has been resting in the recumbent position for a number of hours and the eyes have been in repose. At this point it is well to differentiate the symptoms occuring in a frontal neuralgia and those of frontal siuusitis. The pain of frontal neuralgia is dull and throbbing in character and continues; that of supraorbital neuralgia is sharp, lancinating in character and of short duration, reappearing at intervals of fifteen minutes, half an hour, or more. Frontal sinusitis always results from coryza;i n supraorbital neuralgia no such history is necessary. Movements, especially those of bending forward, or muscular movements of the facial muscles, will exaggerate and increase the pain, but have no effect in a neuralgic condition. Pressure over the supraorbital nerve will relieve the pain in neuralgia,, but will increase it in sinusitis. Tobacco and alcohol increase the intensity of the headache in sinus infection, and relieve it in supraorbital neuralgia.

The pain of an infection of the ethmoid sinus occuring over the parietal region is dull in character and continues in whatever position the patient may assume. There is a fullness in the nose such as that resulting from a cold, and the nares are entirely occluded by the swollen mucous membrance. The headache resulting from a sphenoid infection occurs at the occiput and radiates toward the vertex. We have also a reflex pain occuring from empyema of this sinus situated over the mastoid region, and many mastoids have been opened and found normal when the real factor was of sphenoid origin.

Discharges from empyema of the frontal, maxillary, and anterior ethmoid sinuses, will be found in the anterior part of the nares, usually covering the anterior portion of the inferior turbinate. Pus due to infection of the posterior ethmoidal cells and sphenoid sinus will be found on the pharyngeal wall, and, if of long standing, the breath will appear foul, and is characterized as cocasmic.

Other symptoms directing attention to maxillary involvement will be partial or total anosmia, due to swelling of the mucous membrane, the feeling of one tooth (first molar or second premolar) being longer than the others and more sensitive, malaise, vertigo, fever, and anorexia.

Those relating to frontal infection would be tenderness on pressure over frontal region, a decided vertigo and increase of pain over this region when the patient leans forward, increase of pain in walking, the jarring of the body seemingly the cause, fever of 101 degrees to 103 degrees, and general malaise. A very important symptom, and looked upon by the rhinologist as a danger sign, is the swelling of the upper eyelid. Disturbances of olfaction are present, but not to the extent as that involving the ethmoid.

Usually in ethmoid infection we have a decided swelling of the entire ethmoid region, and the patient has absolute occlusion of the superior portion of the nares or that part lying between the eyes. The headache, as we have already mentioned, is constant and tense in character, with occasional outshoots toward the deeper structure of the eyes. There is tendernes in the eye itself, with pain on rota tion, fever, and, if both sides are involved, total anosmia.

Forgetfullnes or lack of memory is perhaps more marked in sphenoid infection than in empyema of the other sinuses. This is due to the toxemia, and occurs in all sinus infections. There is also a peculiar feeling due to the swelling of the mucous membrane resulting in occlusion of the Eustachian canals. There is tenderness of the eyeball, which, if pressed upon, seems to the patient to be back of the eye. Fever, sleeplessness, and a decided malaise are generally present.

The following editorial (*New York Medical Journal*, February 5, 1921), gives the current concept of the relationship between the mind and the brain.

It is a little out of fashion to talk of parallelism between mind and body even if one mentions it only to discredit it, yet it still forms a murky background to throw into clear relief Bergson's far simpler explanation of how mental activities find their practical expression through the body. He speaks of the whole body as if it "were simply made use of by the mind," but he discusses chiefly that special portion of it designated the brain. Here the action has seemed so confusingly close to mind itself that uncertainty of terms as well as darkening of thought has long existed.

The proces of intellection, of inserting oneself in things through a schematic idea, or of following back for its free associations, becomes more understandable if the brain is considered merely as a serviceable mechanism. The free use of memory, so necessary to the man of action, needs no further explanation that this, nor does the repression which no longer merely withholds the superfluous, but which overreaching itself prevents the necessary outpouring of the mind's activity.

The brain is not responsible for the overflooding or for the withdrawal of material. Of course, an actual lesion may impair the machine, but that is a special story. It does not change the fact that still the active agent is the mind and always the mind, not coequal with the brain, but always overflowing the cerebral life, as Bergson puts it. The mind is the storehouse and the creator of impulse and of idea. The brain can only act according to its dictates. Bergson speaks of the brain as of a machine by which can be extracted "from the mind what is externalizable in movement, inserting the mind into this motor frame (the body)."

Case Reports

DEFLECTED SEPTUM

Mr. O., aged 49, by occupation a trainman, came to me complaining of headaches, sore throat and a "stuffed up" nose. This condition had been present for six days with some variable alleviation of symptoms. On examination the tonsils were found to be swollen and red, the crypts being filled with a cheesy material. The mucous membrane of the throat was reddened and sensitive. The nasal septum was so far deflected that no examination of the right side could be made. The left side showed marked swelling of the inferior and middle turbinates. The membranes were red and covered with a thick, sticky discharge.

The musculature of the neck was contracted and there was marked enlargement of the middle cervical glands. Further examination of the spine revealed several very sensitive areas, especially at the 9th and 11th dorsal.

The clinical and laboratory analyses showed the following conditions: Blood pressure, systolic, 150 mm.; diastolic, 90 mm.;

Pulse, 80.

Blood examination showed increase in polymorphonuclear leucocytes.

Urinalysis—negative except for presence of indican.

Heart—negative.

X-ray—all sinuses on the right side were shady.

On the whole the man's general appearance was that of a person suffering from profound toxemia. Feeling that the case was one for a general practitioner rather than for the immediate work of a specialist, the case was turned over to a general physician, and the patient ordered home and to bed until such time as he could come to my office in better general condition.

In one week the man returned much improved, having had the best of osteopathic care meanwhile. Examination showed the tonsil still enlarged and red although the pain was no longer present. The "stuffy nose' was cleared and the patient was breathing through the open side of his nose.

Reasoning that some of the lymphatics of the nose drain through the tonsil, and that discharge from any part of the post-nasal space drains into the throat and over the tonsil part of the time, I decided that a submucous operation on the septum was the thing which would stop this throat condition and also clear the sinuses on the right side (thereby adjusting an anatomical derangement which was the caustive factor).

The operation was performed November 17 with good results. The sinuses were cleansed three days later and treated every day for two weeks. At the end of this time the tonsil had receded, the redness had disappeared, systolic blood pressure had fallen to 130 mm., and the blood count showed the normal number of polymorphonuclear leucocytes.

This case with eight others will be under observation for the next year to verify the correctness of our diagnosis in removing the deflected septum instead of removing the tonsils.

GLENN S. MOORE, D.O.
27 EAST MONROE STREET, CHICAGO.

PARALYZED LEG

A primipara of twenty-three gave birth to a dead child at term, in May, 1915. After recovering from the anesthetic, she complained of pain in her right thigh and leg, and was told it was milk-leg and was given morphin. After two weeks a consulting obstetrician pronounced it paralysis and an orthopedist was called who applied a brace to prevent deformity. The brace consisted of, a padded steel girdle around the waist, from which two steel braces extended to a shoe, heavily braced with steel. The brace was worn night and day for fourteen months, during which time she had drugs and massage.

When she came into my office on crutches assisted by her husband, the left leg was found to be longer, cold, atrophied and paralyzed. It measured 1½ inches less round the calf than the left.

The right posterior superior spine of the innominate was up, and the fifth lumbar turned to the left.

Ten hours after the first treatment she could move her toes, and improvement was constant. In three months she could walk comfortably alone. And in six months the right leg was as strong and large as the left.

The brace was removed by degrees, leaving it off entirely in two weeks. In April, 1919, she gave birth to a healthy living child, delivered by Cesarean operation at which time she was sterilized, the obstetrician stating her pelvis was too small for normal labor.

CLARA WERNICKE, D. O.
CINCINNATI.

STRAINED BACK

Twelve years ago at the Convention of the American Osteopathic Association there was a clinic where the uses of plaster casts and braces were cleverly demonstrated. Dr. Joseph H. Sullivan while walking away from this clinic said to me: "When I studied osteopathy under Dr. Still, we were taught the misuses of these contraptions and were taught how to take them off rather than put them on."

In the therapeutic whirlpool Dr. Still started a current that gave to osteopathy a straight and well defined course, which clearly, without footlights or dramatic settings, led away from those muddled and mixed with drugs and surgery. In support of his position may I offer the following case:

A young man of twenty-five, when fifteen years old, strained his back while pulling a boat up on the beach. Off and on since then there have been excruciating back and leg pains. His father, a physician of good professional and scientific standing in the old school, began in 1918 referring the case to some of the best specialists and orthopedic surgeons in the country. Several X-rays were taken at various times, but did not reveal displacement of structure. Some time ago the patient wrote me in reference to the case as follows:

"On returning to—— I was put in the care of an eminent orthopedist, who on July 1, 1918, put me in a back brace, composed of a steel frame with webbing across the chest and stomach. No improvement was noticeable with this brace, so in September an anesthetic was given me and my leg stretched. Then I was placed in a plaster cast which I wore for six weeks. On the removal of the cast I again wore the back brace until September, 1920. My pain this time was always localized in my right leg, running from the sacro-iliac joint to the ankle. At times the pain would be extremely severe again it would leave me for days."

I examined this patient on August 19, 1920, and found his nervous system and health in general, were beginning to be seriously impaired, due in a large measure, I thought, to the immobilization of the trunk of the body by the brace he was wearing. There was a clear, though slight, separation between the 5th lumbar vertebra and the sacrum. I attempted to bring these bones together by manipulative treatment, frequently given. At the end of three weeks there was a fairly good adjustment and the mobility of this articulation seemed almost normal, and the chances were taken to discontinue wearing the brace. For the next three weeks on three occasions the brace was put on toward the end of a business day, for a few hours. Since then and up to now, covering a period of two months the brace has not been worn at all, and I feel reasonably certain that there will never again be need for it or a similar support. His general condition in all ways has rapidly improved and today he would pass well above the average in physical and nervous endurance.

CHARLES E. FLECK, D.O.
NEW YORK CITY.

ENTEROPTOSIS

Mrs. P. Age, 28; October, 1919; housewife; beginning of trouble, dysmennorhea.

Physical examination revealed: dorsal and lumbar lesions, general lack of tonicity, enteroptosis.

History of case: Large, well proportioned woman who had never been

sick. She had a severe attack of influenza and went back to work too soon, working under those conditions until she resigned later on account of the death of her father. In a short time she was married and went to housekeeping.

The dysmennorhea disappeared under a few week's treatment.

After a week of holiday festivities the patient was confined to bed. Symptoms: Marked constipation and flatulency, pain in dorsal and lumbar areas, constant pain in right inguinal region, the pain running up over the crest of the right ilium—suantities of mucus in the stool, and extreme nervousness. Heart, temperature and urine were normal.

Treatment: Treated daily (on account of nervous condition), particular attention being paid to lumbar area and the knee chest position prescribed. Retaining olive oil enemas were used an alternate days and water enemas daily. Hot fomentations were used on spine and abdomen. Liquid diet was used for a time and then semi-solid food, feeding patient a small quantity every three hours.

At the end of six weeks the patient was able to be taken out for skiagraph, which showed marked gastroptosis (stomach lying just above pubis) with some irregularity of outline at the duodenum; which irregularity seemed in part due to biliary disturbances. There was general enteroptosis with fixation of portion of ileum in region of the caecum which considerably interfered with the passage of the gastro-intestinal contents at that point. Appendix normal.

Treatment: Treated three times a week at first, then twice a week. A progressively increasing diet (mainly fruit and vegetables). Daily exercises to strengthen thoracic, abdominal and spinal muscles.

Fitted a special corset to support the abdominal muscles.

Patient improved slowly but surely, the nervous phenomena being the last to leave and being manifested mainly in sleeplessness during the menstrual period.

She was reassured that the trouble would disappear and was urged to do light exercise, to work a little in the garden, take week-end camping trips in the car and mingle with people. Much of the success of the recovery in this case is due to the co-operation on the part of the patient. It is striking to note the large percentage of cases in which enteroptosis is the cause of the trouble and to note the splendid results obtained through well balanced treatment.

ANNA MARY MILL, D.O.

CHAMPAIGN, ILL.

A BREAKFAST FOOD

Dr. Opal E. Coffey sends in the following receipt for breakfast food she recently got from Dr. F. E. Barnes of Charleston, and which she is using for patients suffering with constipation:

One pound bran; one pound cream of wheat; one pound corn meal; one pound oatmeal; one-half pound oil meal or oil cake (get at feed store).

Mix above ingredients and cook thoroughly. Use as mush, gems or cakes.

In obstinate cases add two ounces of agar agar, cut in very fine pieces.

Eat once or twice per day.

* * *

The problem of treating constipation is often a many sided one. There are many factors to consider, though success may depend in not a few instances upon observing an apparently trivial one. Attention to the calls of nature and regularity are very frequently neglected. The drug habit is difficult to break, for many patients are obsessed with the idea that this is the only method to promote daily evacuations. Drugs irritate the mucous menbrane and thus increase the habit. In these cases it requires time to restore normal peristalsis. Then overfatigue is a factor that is not always taken into consideration. Quite often the patient is not getting sufficient rest.

Have the patient take two glasses of cold water the first thing on rising. Most of this passes directly through the stomach into the intestinal tract. Supplement this with seven or eight more glasses during the day; still do not overdo water drinking. Bran and plenty of fruit for breakfast. Spinach, baked potato and prunes with noonday meal. Plenty of cellulose material with evening meal. This will stimulate peristalsis and change intestinal flora. Outdoor exercising is important.

Of course, in the individual case there may be special causes that must be remedied, varying from spinal lesions and local obstructions to systemic disorders. But attention to the above outline will normailze many cases. C. P. M.

The Right to Prescribe Alcohol

Omaha, Neb., Sept. 14th, 1921.

Hon. R. A. Haynes,
Federal Prohibition Commissioner,
Washington, D. C.

Dear Sir:

Through the courtesy of Hon. Atlee Pomerene, U. S. Senator, I am permitted to reply to a letter of the Honorable Prohibition Commissioner, of August 31, 1921.

For the purpose of clearly presenting the issue, I quote from this letter:

"Relative to the issuance of permits to osteopaths for the prescribing of intoxicating liquors. Attention is called to Section 6, Title II, of the National Prohibition Act, which states that 'no one shall be given a permit to prescribe liquor unless he is a *physician duly licensed* to *practice medicine* and actively engaged in the practice of such profession.' While an osteopath may be licensed to practice medicine under the laws of a state, inasmuch as the therapeutic administration of drugs is contrary to the precepts of the osteopathic profession it is not understood how an osteopath, as such, may actively engage in the administration of medicine, unless he is in addition a medical doctor. If the osteopath is not actively engaged in the administration of medicine it is not believed that he should be issued a permit to prescribe intoxicating liquors under the provisions of the National Prohibition Act."

This ruling, if adhere to, will establish a precedent and work a great hardship not only upon the entire osteopathic profession, but also upon the great body of our citizenship who entrust their lives to this school of healing, and we therefore may be pardoned for urging a re-examination of the question and for offering what we hope to be some pertinent suggestions.

The quotation from the National Prohibition Act naturally dissects itself as follows:

1. What is a "physician"?
2. What is meant by "duly licensed"?
3. What is meant to "practice medicine"?

In Section 1 of Article I of Regulations 60 "physician" is defined to mean *"any person* duly licensed to practice medicine and actively engaged in the practice of such profession in the State, Territory or in the District of Columbia, in which licensed."

While it is true that the section quoted adds a clause seeking to exclude osteopaths from the definition, we will readily agree that the "definition" cannot be interrupted in its journey to State, Territory or District of Columbia, and an explanatory tag put on it.

In other words, the definition does not say "some" persons, but *"any person."* The National Prohibition Act does not say "some physicians duly licensed," but *"physician duly licensed."*

We are privileged then to pass to our second proposition, what is meant by "duly licensed"? We now leave entirely Department Regulations and the Prohibition Act and turn entirely to the State, Territory or District of Columbia to determine the question of "duly licensed." We turn to the statutes of the State and the interpretation given the statute by the Courts of that State for our guidance and to nothing else. Neither Commissioner nor any one else can inject his own conception of what a *physician is,* or what constitutes *"duly licensed."*

This is simple and readily agreed to and is dwelt upon only because the next step is where the rub comes, and yet, should be determined by the same easy and natural process.

Third proposition—what is meant to *"practice medicine"?* What is our source of authority? Who determines? Does each changing Commissioner rule on it according as he may have more or less familiarity with the different schools of healing?

The Commissioner under the National Prohibition Act has no more authority to determine what constitutes the practice of medicine than he has to de-

termine what constitutes "duly licensed," or what a physician is.

We read the *law of the State* and the *decisions of the Courts* to find out what a physician is, what constitutes "duly licensed" and what is meant "to practice medicine."

If the Federal Prohibition Commissioner will let osteopaths fall into the class to which they belong in the several states under this diagram, we ask no more.

But why an osteopath should not be allowed to administer alcohol for carbolic acid poisoning, or to give whiskey for snake bites because some individual (not entitled to determine officially) is of the opinion that osteopathic precepts are opposed to liquid relief, we do not understand.

We care not whether one state, or forty, class osteopaths as physicians duly licensed to practice medicine, the Prohibition Act should be left self-executing and instructions given to Federal Agents to let the Act fall on any practitioner of healing, who under the State law meets the requirements of the Act.

A case occurred in Nebraska where an osteopathic physician attempted to invoke the rule laid down by the Prohibition Commissioner but reversing it to save himself from punishment. The case is reported in Little vs. State, 60 Neb. 749; 84 N. W. 248. One, Little, an osteopath claimed because he was not a practitioner of medicine that therefore he was not amenable to a law "to regulate the practice of medicine." Exactly the contention of the Honorable Prohibition Commissioner applied reversely, but the Supreme Court of Nebraska speaking through Chief Justice Norval held that *he was practicing medicine* and further laid down the rule that the legislative determination as to what Acts would constitute the practice of medicine is final.

In some states, notably Wisconsin, an osteopath may be licensed also as a surgeon, but under the ruling of the Commissioner he would still be an osteopath and deprived of equal advantage with the medical surgeon in the use of liquor in surgical cases. The Supreme Court of Wisconsin, however, barred any such discrimination. See State, ex rel, Pollard vs. Wisconsin State Board of Medical Examiners, 177 N. W. 910.

In Collins vs. State of Texas, 223 U. S. 288, the question we have before us is squarely presented and clearly decided. Collins, an osteopath. *The State of Texas said he was practicing medicine under its statute.* Collins said he was not and if he was, the definition of practising medicine under the laws of Texas was arbitrary and irrational.

Justice Holmes in the opinion cited says, "We are far from agreeing with the plaintiff in error that the definition of practising medicine in Section 13 is arbitrary or irrational, *but it would be immaterial if it were*, as its only object is to explain who falls within the purview of the Act." Whatever may be the osteopathic dislike of medicine, neither the school nor the plaintiff in error suffers a constitutional wrong if his place of tuition is called a medical school by the Act, for the purpose of showing that it satisfies the statutory requirement."

It would indeed be a hardship if the osteopath suffered imprisonment for practising medicine and at the same time was denied equal advantages of the law because he was not practising medicine.

In State vs. Pollman, 51 Wash. 110, conviction of an osteopath was had under an Act entitled to regulate the practice of medicine—and it irresistibly follows that the osteopath when duly licensed comes within the privilege of the National Prohibition Act, otherwise we have an anomaly that is unthinkable.

As we have already stated, if the National Prohibition Act is left self-executing so far as the section quoted is concerned, its operation in the several states can be easily applied and while at this time an exhaustive resume of the enactments of the various states is not necessary, we cite a few instances as illustrative.

In Nebraska, the osteopathic physician is granted the right to prescribe antiseptics, anaesthetics, antidotes for poison and narcotics for the relief of pain.

Iowa, Oklahoma and Hawaii have the same provision as in Nebraska and in addition include the right to prescribe germicides and parasiticides.

In surgical cases the osteopath may prescribe drugs in Texas, Ohio, Colorado, Washington, California, Utah, Wisconsin, and many other states, and that we may emphasize the point contended in the Commissioner's letters, we call attention to the fact that this right is issued to osteopathic physicians as such, without the necessity of a medical diploma or medical license.

Perhaps it is true that in the early history of osteopathy no medicines were prescribed, but all schools of healing have become more and more eclectic and osteopaths have followed in this general line of progress.

As a precedent for action we cite the fact that in May, 1921, Postmaster General Hays issued an order affecting postal employees similar in effect to the ruling of the Prohibition Commissioner, but his attention being called to the matter, it was immediately rescinded and the following substitute order issued:

"In connection with the granting of sick leave with pay to the employees of the Postal Service, in accordance with the reclassification act of June 5, 1920, postmasters and other officials are directed to accept certificates of illness only from practitioners regularly licensed or legally practicing in the State or district where such certificate is issued.

"The order of May 16, 1921, which was published in the Daily Postal Bulletin of May 18, is rescinded.

(Signed) WILL H. HAYS."

The above order amply illustrates the contention we make and a similar order for the matter in controversy would avoid any conflict with rights granted by statute in the various states and with this the osteopathic profession would be content.

Trusting that you wll see the justice of ths request and use your influence to correct the present existing injustice so that the osteopathic profession may ren..er the best possible service to humanity under regulatory law, I remain,

Respectfully yours,

C. B. ATZEN, D.O.

Chairman, National Legislative Bureau.

BUREAU OF INTERNAL REVENUE

Washington, Sept. 26, 1921.

Dr. C. B. Atzen,
Omaha, Nebraska.

Sir:

Your letter of September 14, 1921, has been received and careful consideration has been given to statements contained therein, relative to osteopathic physicians procuring a permit to prescribe intoxicating liquors for medicinal purposes.

In regard to this matter you are advised that as understood by this office, the osteopathic and chiropractic schools of medicine discourage or condemn the administration of drugs and chemicals for therapeutic purposes and depend upon manipulation of the anatomical structures for curative purposes. Under the ethics of these schools therefore, it would appear that drugs and chemicals cannot consistently be administered for therapeutic purposes.

The mere fact that a physician of the osteopathic school is licensed to practice his profession, does not necessarily carry with it the right to prescribe or administer drugs for their therapeutic effect. It appears strange, therefore, that physicians of these schools should be insistent upon prescribing intoxicating liquors when practically all other forms of drugs are repudiated particularly as whiskey is no longer listed in the United States Pharmacopoeia.

No analogy is seen between the action of Postmaster General Hays in accepting certifications of sick leave from employees of the Department by homeopathic physicians and the issuance of permits to physicians of this school and chiropractors to prescribe intoxicating liquor for medicinal purposes.

This office is, therefore, not disposed to modify these regulations pertaining to the subject.

Respectfully,

R. A. HAYNES,
Prohibition Commissioner.

The point in discussion is who regulates the practice of the healing art? Up to date it has been understood that the legislatures and boards of examination and license in the several states determine the rights of practice and not the order of some official at Washington. When the question of the application of the Harrison Narcotic Act was being adjusted, the Commissioner of Internal Revenue perfectly fairly decided that the Harrison Act conferred no new privileges and took away no privileges conferred by State license. Those who had the right to use drugs under State license could qualify to meet conditions of Harrison Act; and those who had no such rights from State law to use drugs had no rights under the Harrison Act.

Now, if the honorable Commissioner of Prohibition will take him-

self less seriously and disabuse his mind of his assumption that his opinion about osteopaths condeming the use of drugs enters into the adjustment of the contention at all, he may come to a reasonable decision. We are contending for fair play and against a slur and discrimination. It matters not at all whether one of our profession would ever want to prescribe alcohol; where we have the right to do so under the State law and license, we do not fancy being robbed of that right by an edict from a Federal Government agent. The practice of medicine is a State-conferred right.—H. L. C.

Letters to the Editor

PROFESSIONAL SALESMANSHIP

A young man came to our town and opened a small Office Supply store. One day I entered the store to buy a pencil. Before I left I had spent $1.50.

In the most unobstrusive and tactful manner the young man had diagnosed my needs beyond the pencil symptom and suggested remedies from his stock of goods.

After I had "come to" I felt that I had been in the hands of an extremely clever artist in his line of merchandising; that he knew his business; and that he was bound to succeed. Subsequent history proved this opinion of the young man to be correct, for he became one of the leading merchants of our city.

"Practicing osteopathy" is nothing more than "selling osteopathy." A patient enters an office asking for relief from—say, stiff neck, or "rheumatism." Perhaps the doctor simply applies his treatment to the spot complained about, and does not carry his suggestions or investigations further than to meet the patient's immediate and, to him, apparent needs. The patient leaves the office with the "pencil," perhaps satisfied, but without any idea of the resources contained in the office of the doctor with which to supply his every physical need most of which are literally unknown to the patient until revealed by thorough physical examination.

Do we not allow many an opportunity for service to our patients to slip by because we do not use the salesmanship suitable to our business? No opportunity for educational work, otherwise known as "Publicity," equals the first visit of a patient new to osteopathy.

I have in mind an osteopath who is using just these business principles in his practice. He has departments in his work presided over by specialists. When a patient comes in the first time this doctor takes for granted that the patient is there to obtain the maximum of benefit, so he proceeds to make a thorough examination, and in the course of this routine examination he discovers a need for the services of his associates. The patient receives a complete diagnosis, a fine report written in plain English, and better than anything for him and for our profession, he learns that osteopathy is a complete therapeutic system—just as I learned to depend upon the young salesman who sold me my pencil and other things, which I did not know I needed until he brought them to my attention.

L. A. Bumstead, D.O.

The Delaware Springs Sanitarium.

A PROTEST

As a physician, a practitioner of the art of healing, the osteopath automatically allies himself with the allopath and homeopath whose textbooks he uses, whose ethics he has adopted and whose educational standards he should maintain because of their proven intrinsic worth. The fact that the principles of osteopathy are so far ahead of the medical thought of the day should serve to separate us from rather than attract us to our imitators, who have no closer relation to osteopathy than proprietary medicines and panaceas to allopathy.

In taking such a step, as proposed by a few we compromise our standing as physicians and forfeit the rights for which our predecessors have striven so valiantly, and instead of acquiring further favorable legislation it will restrict that which we have. We cannot afford from any standpoint, either with regard to our professional or legal status, to undermine our education system. The trend of the times is toward a higher and more complete education and if we by recognizing a lower standard lay our profession open to censure and criticism the results will be disasterous.

We must progress; retrogression at this or any stage of our professional development will be suicidal.

L. P. Strong, Jr., D.O.

1 Madison Avenue, New York City.

Book Reviews

The Surgcal Clinics of North America. (Issued Serially, one number every other month) Volume I, Number 3. By Boston Surgeons. 343 pages, with 159 illustrations. Per clinic year (February 1921 to December 1921). Paper $12.00 net; cloth $16.00 net. Philadelphia and London: W. B. Saunders Company.

The third number of the Clinics maintains the high standard set by the previous issues. Although these are surgical clinics, yet the general practitioner will find them well worth a careful study. They will enable him to keep abreast of the latest and best thought in the surgical world, and not infrequently receive valuable suggestions applicable to his every day work.

This number presents the following contents:

Nichols, Head Injuries; *Graves,* Multiple Postperitoneal Cystomata; Artifical Vagina; Menstruatio Praecox; Radium in the Treatment of Cervical Cancer; Radium in the Treatment of Menorrhagia of the Young; *Lahey,* Osteomyelitis; Goitre (Hyper thyroidism); *Osgood,* Tuberculosis of the Knee-joint; Angioma of the Knee-joint; *Adams,* Unexpected End-results Following Treatment of Congenital Dislocation of the Hip; *Rogers,* Traumatic Osteitis of the Wrist; *Smith-Petersen,* Tuberculosis of the Sacro-iliac Joint; *Wilson,* The Syme Amputation; *Hatt,* Spastic Paralysis; *Homans,* The Symptomatology of Carcinoma of the Large Intestine; *Whittemore,* Lung Abscess; *Davis,* The Surgical Treatment of Carcinoma of the Cervix Uteri; *Ladd,* Congenital Hypertrophic Pyloric Stenosis; *Harmer,* Tendon Surgery; *Barney, Williams, Shedden,* and *Welles,* The Problem of Renal Calculus with Special Reference to Treatment; *Hubbard,* Recto-vaginal Fistula; *Cotton,* A "Reconstruction" Clinic; *Cheever,* Tuberculosis of the Mammary Gland, Peptic Ulcer and Gastric Neurosis.

The Pocket Anatomy. By C. H. Fagge, M.D., M.S. Lond. F.R.C.S. Eighth Edition. 313 pages. Cloth $1.75. New York: William Wood & Company.

In this compact and convenient "Pocket Anatomy" (just the right size to easily slip into a pocket) the text has been exceedingly well condensed. It is a handy volume for ready reference or quick review, and for such is deserving of wide distribution. The present edition comprises the fiftieth thousand, so it is evident that the book is of practical service.

Osteopathic Publications and Periodicals

Hulett's Principles—The Editor is pleased to learn that the Research Institute is bringing out a new edition of Dr. G. D. Hulett's Principles of Osteopathy. Dr. Burns is revising the text. This book has been out of print for some years. It is one of our best texts, and no doubt a new edition will be warmly welcomed. Dr. Hulett's untimely death was a distinct loss to the profession. He was a brilliant student and in the short time that he was with us gave of his best.

His definition of the osteopathic lesion is, in our opinion, excellent:

"By osteopathic usage the word lesion has come to have a special significance. The surgical conception of lesion, i. e., any hurt or injury to a part, and the pathological concept, i. e., any local or circumscribed area of tissue undergoing abnormal functional changes, must be carefully distinguished from the osteopathic concept which is any structural perversion which by pressure produces or maintains functional disorder. Note first that the definition includes all tissues. While it is true that the bony lesion occupies first place

by virtue of history and importance muscular and ligamentous are rivals of the former for pre-eminence. A viscus may act as a lesion, and among the most serious of diseases are those directly dependent upon pressure from prolapsed viscera. In the second place note that the structure must be perverted, that is not normal—has departed from the usual or average condition. Third, note that the condition of function is included in the conception of lesion. This is of fundamental importance. From what has been said in a previous section it can be understood that a structure may be perverted in the sense of being unusual and still not be a cause of change of function. This variation is still within the limits of normal adaptation. A spine may have its curves markedly exaggerated or completely obliterated and the functional conditions still remain normal. To make of it a lesion in the osteopathic sense there must be included the idea of functional disorder as consequence of the structural perversion. Finally, note that the disorder is produced by pressure. This latter idea is the keynote in disease causes. We believe this conception of the term lesion is the proper one from the standpoint of usage, convenience and simplicity."

We will quote two or three other paragraphs which also clearly show his viewpoint of osteopathy. These excerpts are taken from the 1903 edition.

"If a sclerosis interfere with nerve impulses in the spinal cord, why may not a thickening of tissues connecting vertebra with vertebra produce similar disturbance in the nerve fibres or blood vessels which pass so numerously into and out from the spinal cord canal, among and between and through those connecting bands? If a sprained ankle is a common occurrence and if congestion and infiltration are resulting conditions which cause direct and reflex disturbances, why is it such a draft upon credulity to believe that a similar common condition of sprain with similar congestions and infiltrations and similar direct and reflex disorders may occur in the scores of articulations which are presented by the spinal column?"

Referring to disease maintained by structure he says:

"It is not of such moment as to what was the original stimulus to a disordered function. We have no quarrel with those who insist that the functional disorder may result from a multitude of forces which act continually upon the organism. It is readily admitted that constant disregard for well-known laws of health must of necessity produce disorder, and in another section special attention is called to the fact. A thousand conditions of environment and of individual habit may initiate or predispose to disorder of function. * * * When, however, a disorder becomes manifest and persists in spite of removal of the intemperance or abnormal condition or environment we are justified in assuming that some other factor is maintaining the disease, for function is infinitely self-regulative. We maintain that the other factor is perversion of structure and that structure is a part which is less immediately and less completely subject to vital control—the more inert tissues such as bone, ligament, cartilage and other connecting structures. Hence where a disorder is maintained, we assert from reason and observation, that the structural condition is the factor that prevents a return to normal functioning. The question, therefore, is not as to the original force that caused the disorder, but why does not the sick man get well. It is just as much a normal power of the organism to produce a return to normal functioning as it is to maintain functional equilibrium manifest in the ordinary healthful life. It is in fact impossible to actually differentiate between the two. An exces of carbon dioxid is a normal stimulus to the removal of that excess. This is true in other cases. The organism restores continually its proper function largely through the medium of stimuli furnished by its own katabolic products. The presence of other substances not nutritive in character, e. g., bacterial excreta, produces .a similar result. Whether through ages of adaptation and from herediatry transmission or from inherent endowment coequal with life itself, the fact that this self-protective power exists may be affirmed with little probability of error; and that function is absolutely self-regulative while structure is only less responsive to the same forces is equally certain. Hence in the ordinary disorder that seems beyond the limits of self-restoration we must logically look to the structural condition for the factor maintaining the disorder. And experience has shown that little in addition is needed, for with the average individual the average environment to which the individual has long been accustomed the organism is master of the situation and needs only freedom to exercise its restorative powers

Do we stimulate or inhibit?

"In summing up the discussion emphasis is to be laid upon the fact that the removal of lesion or other cause of disorder constitutes the logical treatment for that disorder. Where a structure or organ needs stimulating or inhibiting, it can be done in but one proper way and that an indirect way, i. e., the removal of the cause that makes it necessary to stimulate or inhibit. Hence we formulate the two following similar propositions:

"1. The necessity for stimulation presupposes an existing inhibition; the removal of the cause of that existing inhibition constitutes the legitimate method of stimulation.

"2. The necessity for inhibition presupposes an existing stimulation; the removal of the cause of that existing stimulation constitutes the legitimate method of inhibition.

"These propositions are fundamental and comprehend the essence of the osteopathic view of the treatment of disordered conditions and are applicable to the entire field of disease."

The Journal of Osteopathic Ophthalmology, Rhinology and Oto-Laryngology, Volume V, Number I, is at hand in a fine new dress. This is an excellent issue of forty-eight pages, well edited, containing the Society proceedings, papers by Drs. Muncie, Deason, Moore and Hardy, and a list of more than 300 members.

This Society is one of the livest and best conducted organizations within the profession and is deserving of solid support. Send in your dues, $3.00, to Dr. W. V. Goodfellow, Secretary, Ferguson Building, Los Angeles. We believe that you will be more than pleased to become a member. Even if you are not a specialist, you most certainly wish to keep abreast of the times, and this society will assist you in doing so.

Dr. Mucine in his paper, Congenital Tubal Stenosis and Deaf Mutism, A Specific Technique, says:

"The progressive physician does not accept stereotyped medical statements as the final word on which to decide the doom of suffering humanity, but rather seeks to untangle the snarl of time-worn theories and evolve a specific technique which will remove the cause of disease so that nature may effect a cure, giving sight to the blind, sound to the deaf and speech to the mute.

"The osteopathic profession should not be too much influenced by pessimistic prognosis of aural diseases. Our method of treatment completely alters the pathology and, therefore, alters the prognosis.

"If Dr. Still had believed all his medical brethren told him, osteopathy never would have been known. I now look back with a great deal of remorse when I think of the many little deaf mutes I had for several years examined and then turned out of my office believing them to be incurable, just because they were so regarded by aurists throughout the world—and rightly so if old methods of treatment were to be considered."

These are facts that should sink deeply into the thoughts of every osteopathic practitioner. Osteopathic etiology, pathology and technique has made and is making a vast change in the old and accepted prognosis. What osteopathy is in need of today, far more than anything else, is persistent and consistent development of its principles, and that right within the profession.

Dr. Muncie continues with a description of the mechanism of hearing, the disorders to be encountered in deaf

mutism, methods of diagnosis, the operation, post-operative treatment and home treatment.

In conclusion he writes:

"It is reasonable to expect, from past experience that a large percentage of cases of deaf mutism now in institutions for lip-reading can be either completely restored to hearing and speech or materially helped, because 60 per cent of these cases are either:

"1. Congenital tubal deformity cases, or

"2. Tubal stenosis cases, due to infantile salpingitis, each of which can be specifically and successfully handled through finger surgery.

"The balnce, no doubt, are incurable, so far as our present methods of treatment are concerned: but even these may some day hope for results as our science unfolds to us new possibilities.

"A certain percentage of deaf mutes can be cured by lesion osteopathy, as has often been demonstrated. Some of these cases may be due either to retarded development from traumatic cervical lesions, or cerebral hemorrhage as a result of trauma at birth.

"The bony lesion should ever be the foundation of our therapeutic house, and whatever other lesions exist, the combination that wins victory for us over disease in these cases is specific lesion osteopathy, plus osteopathic constructive finger surgery.

"Both are adjustive, constructive and are based upon the removal of the cause of the disease, which is deranged structure, followed by normalization of structure and function."

Dr. Deason in his article, "Naso-Pharynx" makes a strong appeal for conservatism, and for studying the parts in terms of unity. He says, "we should think more in terms of function than in terms of structure. Let us not operate merely because there is an excuse to operate, but let us think about what we are doing while we are doing and direct our efforts to the restoration of function. Let us also remember that while chronic pathologic changes work slowly, so do the physiologic forces that restore to normal also work slowly, and that we must be content with slow progress."

All of which is excellent advice for any section of the body. Routinism is always deadly to initiative, though the latter is not necessarily an excuse for unwonted radicalism.

Dr. Moore, The Editor, presents a careful scientific study on The Static-Kinetic Labyrinth in Relation to the Acoustic Labyrinth."

Dr. Hardy, "The Osteopathic Surgeon—in Ophthalmology and Oto-Laryngology," tells of the work being done at the Laughlin Hospital.

The leading article in *The Osteopathic Physician*, September, is by Earle Willard. It is entitled "Doctor Still,' the Miracle Man." Dr. Willard gets right down to brass tacks. Don't miss this series, for the doctor knows what he is talking about.

"PROGRESS IS THE LAW OF LIFE"

—Browning.

In a universe in which nothing is constant but change, we meet from time to time that anomaly of anomalies, the individual who is against all change and all progress. He is always easily identified. Among merchants he is one who struggles along without such aids to business efficiency as the cash register, the typewriter, and the adding machine. In our law-making bodies he is the obstructionist, ever trying to block progressive legislation. In the pulpit he is the minister who preaches about a literal hell of fire and brimstone. Among osteopaths he is the one who doesn't take any of the osteopathic publications, who never buys a new book, who is not a member of the state association or any other osteopathic organization, who doesn't attend conventions nor local meetings.

The habitat of this back-number osteopath is usually a back-number office with a reception room table supplied with back-number magazines. If he manages to make a living he is content, never realizing what he misses by not keeping up with progress. He never knows the meaning of real success; and when at last he drops out, he does so "unwept, unhonored and unsung."

If the time should ever come when the osteopathic profession as a whole shall cease to progress, that moment its disintegration will have begun. "Progress is the law of life," and it is a law so inexorable that to defy it means death. Editorial in *Team Work*, September.

FINGER SURVEY OF THE LARYNX

This is one case where anesthesia, of any sort, is contraindicated, as the peripheral stimulation excited by the digital insertion and manipulative procedure is an important factor in the treatment. If the tissues are anesthetized, they lose this stimulating effect, and the treatment will not be as efficacious.

The operator, when manipulating the soft palate and larynx, should avoid touching the posterior pharyngeal wall, which, when disturbed, influences the nausea and gagging, as this is the gagging center. The forefinger should be passed to the lateral aspect of the uvula, then passed gently behind the velum pendulum palati, and upward and backward into the nasopharynx. While forcibly springing the soft palate, the traction should be exerted upon the lateral muscular portion, and not upon the raphe of the velum. Traction exerted upon the uvula or raphe of the

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velum will have little, if any, effect upon the walls of the nasopharynx, and this is important in the treatment of singers. The muscular portion should be forcibly sprung downward and forward, forming an acute angle with the hard palate, and held in this position a minute or two. This will influence the venous drainage and eliminate thepassivecongestion within the resonance space. This technic was reported in my communication to the American Osteopathic Association JOURNAL of September, 1915 (illustrations by Dr. Millard), and has been used in my practice since that date with excellent results in the treatment of "voice failures."

To administer the "dorsolingualis" and Young's hyoepiglottidean technic, the index and second fingers are passed over the posterior aspect of the tongue and directly into the epilarynx. The hyoid is treated by a rotary movement of the fingers and the epiglottis by a stretching of the epiglottidean ligaments. The middle ligament—a prominent mesial fold of mucous membrane—is often found to be indurated and resembling a tumefaction. A few treatments at this area will work wonders in "voice failures" and tickling throats.

As the fingers are withdrawn, the "dorsolingualis" technic is administered by a forward forcible manual traction upon the posterior aspect of the tongue. The cushions of the index and second fingers are placed just beneath the varix and lingual tonsils, and with this "purchase power" the tongue is forcibly lifted upward and forward and held in this position for a minute or two, which will dissipate the venous congestion within the varix, lingual tonsils, and larynx. The external aspect of the larynx is supported by the opposite hand, bringing counter pressure and raising the larynx as the tongue is brought forward, the opposite hand being, of course, on the outside of the throat.

To illustrate the efficacy of this treatment and to encourage the novice, I will refer to a famous case that was cured by finger surgery of the larynx. A famous preacher, noted for his oratorical deliveries, was suddenly stricken with voice alteration during his Sunday morning sermon, and was left with nothing but a whisper. After several weeks treatment by the best medical authorities, he was told that nothing could be done, and he would have to give up his profession. Here was a famous man, in the prime of his life, stopped in the midst of his best work because the regular specialists had nothing to offer in the way of relief. Fortunately I had treated some of his congregation, and he was directed to my office. The examination showed an occluded sacculus and a diffused infiltration of the mucosa, and some upper dorsal lesions. Finger surgery and structural adjustments were suggested, and three manipulations of the larynx and the reduction of the osteopathic

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lesions restored the voice to normal; in fact, he was told that his voice was better than ever before. He is now back in the same pulpit, a busy man, and an enthusiastic booster for osteopathy.

James D. Edwards, D.O., in *The Osteopath*.

Division and Local Societies

Alabama

The Alabama Osteopathic Society has instituted a prize essay contest for high school students, to be conducted during the winter, and offers to the winner a four-year scholarship in the Kansas City College of Osteopathy and Surgery. The Subject for the essay is "Osteopathy, the Science of Healing by Adjustment."

Kentucky

The Louisville Women's Osteopathic Association, of which Dr. Lillie Collyer is president, held its regular monthly meeting in the auditorium of the Elks' Club, September 21. Reports on the National Osteopathic Convention, which was held at Cleveland, O., recently, were made by Dr. Ella Shifflet and Dr. Evelyn R. Bush. Dr. Mattie Heaton, vice president of the association, spoke on the topic of "The Osteopathic Woman as a Specialist."

Nebraska

The twenty-second Annual Convention of the Nebraska Osteopathic Association was held at the Fontenelle Hotel, Omaha, Sept. 7th and 8th, with an attendence of practically seventy-five per cent of the profession present.

The dues were raised from two dollas to ten dollars to take care of a Permanent Education Policy, adopted by the State. The State adopted a Student Essay Campaign, offering a prize for the best paper submitted on osteopathy. They hope to cover every county in the State within five years.

The object of the campaign, is to educate the high school students, their parents, teachers, and the editors of the various local newspapers. The ultimate object is to secure students for the colleges. If the plan is successful, the association hopes to offer scholarships in the colleges.

Omaha was again selected for the 1922 Convention. Technique given by Dr. John Swart, Kansas City, Kansas, was received with a great deal of interest. Talks by Dr. A. A. Gour, Chicago, and Dr. J. H. Styles, Des Moines were both entertaining and beneficial, and appreciated by the members present.

The following officers were elected: Dr. N. J. Hoagland, President, Central City; Dr. A. E. Vallier, Vice President, Columbus; Dr. Byron S. Peterson, Secretary, Omaha; Dr. Lula L. Cramb, Treasurer, Fairbury.

New Jersey

The New Jersey State Society is a divisional society of the A. O. A., and is known as the New Jersey Osteopathic Society, Inc. During the season they hold monthly meetings. On September 10 the opening meeting of the season was held at the Robert Treat Hotel, Newark, and commenced with a dinner given to every osteopath in the State by the Society. Fifty out of a possible hundred were present. The

MISSOURI (Continued)

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purpose of this meeting was the consideration of the winter's plans. The yearly dues of the Socety are $10. Each member takes care of the A. O. A. obligations individually. It was agreed to place a $15 assessment on all our membership to obtain money for Society expenses. Legislative expenses are to be raised through contributions made by those who are specially interested and can afford to contribute toward the legislative campaign.

The New Jersey Society has carried on an aggressive campaign for eighteen years, and the concensus of opinion is that it will be impossible to obtain an independent Board Bill in this State. At the present osteopathy is oppressed with a limited license that prohibits the use the Medical Board upon which there is one osteopathic member. It was decided this year to introduce a bill increasing membership on the Medical Board to three and granting surgical rights, accepting the Model Bill feature of two licenses.

Wisconsin Decision

Osteopaths in Wisconsin who have satisfactorily passed the authorized State examination in surgery are entitled to practice without restriction, according to an opinion recently sent by Attorney General Morgan to the secretary of the State Board of Medical Examiners.

Question had been raised as to the kind of license to be granted osteopaths who had successfully passed the examination. The attorney general says that it is not necessary that the applicant have gone through the regular internship provided he has presented a diploma from a reputable college of osteopathy and surgery and has passed the prescribed examination.

No member of the Board, or the board in general can arbitrarily withhold from any applicant a license when the conditions prescribed by statute have been complied with, the ruling says.

SUGGESTS OSTEOPATHIC NAVY CORPS

The Navy Department at Washington has received an official communication from Commander G. A. Bisset, superintending constructor, U. S. N. Lake Torpedo Boat Company, Bridgeport, Conn., suggesting the establishment of a corps of osteopathic physicians in the navy.

This brings to an official status the question which has been brewing in both the army and navy since the beginning of the war. Washington has been flooded with protests from every quarter of the country and from all branches of the service against the prejudice of medical authority which has prevented soldiers and sailors from having osteopathic treatment. This latest move is the entering wedge by which it may be possible to secure for service men osteopathic treatment when they need it.

Co-incident with this move is the action being taken at the American Legion conventions looking to securing osteopathic treatment for disabled veterans of the world war.

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The successful treatment of Hemorrhoids without operation.
Consultation and Referred Cases given special attention.
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A Few of Our Best Sellers

Osteopathic Magazine (to list you send—or to you in bulk, 75c per year

Woodall Book—Osteopathy, the Science of Healing by Adjustment, 75c each, 65c per dozen, cloth binding, 110 pages.

Osteopathy, Science of Healing by Adjustment; brochure of 32 pages and cover, 12 illustrations ..... $7.50 per 100

Osteopathy, its Development and Institutions, 20 half tones $5 per 100

A Medical Revolution, by R. K. Smith ..... $5 per 100

Why I Go to the Osteopath $5 per 100

That Machine You Call Your Body ..... $4 per 100

Childhood, the Period of Preparation ..... $5 per 100

Making Doctors While You Wait—Creel ..... $7.50 per 100

Mail Order Doctors ..... $5 per 100

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Three Factors in Health, Atzen ..... $1.50 per 100

Osteopathy & Women's Diseases, Woodall ..... $1.50 per 100

Osteopathy and Its Counterfeits ..... $1.50 per 100

Osteopathy Fifty Years Hence $1.50 per 100

Success of Osteopathy in Flu Epidemic ..... $1.50 per 100

Osteopathy, by Woodall, 8 pages ..... $1.50 per 100

Osteopathy, an Opportunity, by Ryel ..... $1.50 per 100

Value of Osteopathic Treatment, Ryel, 8 p. ..... $1.50 per 100

Osteopathy; Why? Ryel, 8 pages ..... $1.50 per 100

Health Hints, (Legislative booklet) ..... $1.25 per 100

Osteopathic Educators, 2 colors 50c per set of six

Miniatures of Same, (2 colors) $1.00 per 100

Definition of Osteopathy and Medicine ..... 50c per 100

Ashmore's Osteopathic Mechanics $3.50

Any of these booklets listed at $3.00 or more per hundred will be sent at intervals of two or four weeks apart to addresses you furnish us at above price, plus one cent each for postage, same as you would pay if mailed from same office. Send us your mailing lists and get this service which brings results.

A.O.A., Orange, N.J.

Vaccination and Serums Denounced

Considerable attention was given by the press of Boston, Mass., to an address by Dr. F. P. Millard of Toronto, at a joint meeting September 26, of the Massachusetts O. S., the Boston O. S. and the Medical Liberty League, in which vaccination and serums were vigorously denounced. The report of the Boston Herald said:

"Dr. Millard has made research into the action of the lymphatic system in the human body, and in this, his first speech since recent discoveries in that field, he said that the lymphatic system has been neglected, and that most diseases can be diagnosed by carefully noting the condition of the lymphatic glands in various parts of the body. He denounced vaccination and the various serums as rank poison and dangerous to life and health, citing instances of cancer, gangrene, tuberculosis and even death that had resulted from their use. He laid special stress on the results of their use in army hospitals. Speaking of glands swollen through use of serums and vaccination, he declared that six badly inflamed lymphatic glands would make a person seriously ill, while twenty would put him flat on his back."

Notes and Personals

Death of Dr. Effie L. Rogers

Dr. Effie L. Rogers in Boston, Mass., died on August 29th of pernicious anemia. She had been obliged to abandon active practice two years ago because of a long illness resulting from influenza. Her health had never been fully recovered.

Dr. Effie Rogers was a leader in all her activities and eminently so in her professional work in Boston. In that as well as her church and social life she will be greatly missed.

Her funeral service was held at the Park Street Congregational Church in Boston, of which church she was a prominent member. The burial was at Bryant's Pond, Me., her former home.

She leaves her husband, Dr. A. W. Rogers of Boston, her father and mother Mr. and Mrs. E. G. Wing and brother Pesley Wng of Bryant's Pond, Me.

LET'S DO IT!

Under the above caption the Team Work bulletin of the Los Angeles Osteopathic Society makes the following suggestion:

"Many osteopaths living east of the Mississippi will be unabble to attend the 1922 A. O. A. convention in Los Angeles unless they make special financial plans many months in advance. The price of three treatments a week laid aside from now until next June will provide an ample fund for a trip to California from the most remote corner of Maine. Why not write your osteopathic friends in the East and make this suggestion? Let's show the A. O. A. Trustees that it is possible to have just as large attendance at a Pacific Coast convention as at one held in the East.'

Properly Balanced

ROMAN MEAL

is based upon the fact that we have forty feet of digestive tract, mostly muscle. This muscle predominates because our ancestors were compelled by food environment to live upon a diet containing more bulk than nutrition. If we have this muscular tube because our ancestors used food largely waste, our food should have large waste content, for no organ will functionate in absence of that element upon which its function depends. The eye goes blind in the absence of light; muscles atrophy in abstinence from work — nature's attempt to eliminate the non-functioning structure. Intestinal muscles atrophy in the absence of large food waste.

Human intestinal muscles have atrophied because there is so little waste in modern foods and we are a constipated race.

ROMAN MEAL

will physiologically relieve stasis because it restores food waste, restoring function, thus increasing the power to fuctionate.

We will gladly mail Dr. Jackson's article, fully exp'aining the ROMAN MEAL compound — whole wheat, whole rye, flaxose and bran—a balanced human food—and outlining its uses, to any physician interested enough to drop us a postal requesting it.

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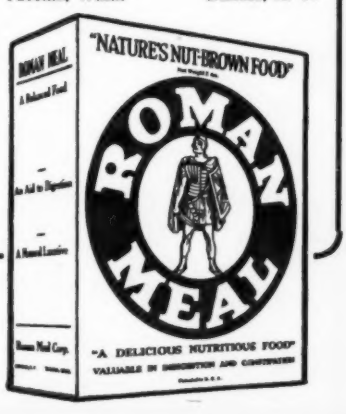

Proof of the Historic Precedence of Osteopathy

The simple presentation of osteopathy contained in "The Osteopathic Catechism" (which has been reissued as the October number of "Osteopathic Health") was one of the earliest popular statements of such length put out by the osteopathic profession to educate the public. It received the unqualified endorsement of Dr. Andrew Taylor Still, founder of osteopathy, who said it gave a very fair idea of osteopathic fundamentals to the lay reader. It was written in 1900 and was copyrighted and first published for the profession by this publishing house in 1901.

Its clear exposition of the origin of disease through **occurrence of the tissue-lesion** and of the curing of disease by **making adjustments within the body** possesses historical value today as proving that osteopathy was the original pioneer system of adjustive therapy. Various counterfeit systems have since sprung up which imitate osteopathy's principles and practices, yet without having made any observable modifications of "Dr. Still's backbone lesion osteopathy" as here so clearly outlined twenty years ago—long before such imitators had gotten started! Yet Doctor Still had been practicing, developing and proclaiming his revolutionary system of manipulative therapy for twenty-seven years when this article made its appearance in 1901.

A companion article, entitled "Most Diseases Are of Spinal Origin," which was also copyrighted and printed the same year under the same auspices, affords, in conjunction with this "Catechism," the most absolute historic proof of osteopathy's precedence as the pioneer science and art of adjustive healing because both articles tell exactly what osteopathy is and is not, as was taught by it founder from the beginning. Both were written purely for public instruction, received the endorsement of the founder of osteopathy, and bear the U. S. copyright date of 1901.

This "Osteopathic Catechism" has run through eight subsequent editions and nearly three-quarters of a million copies have been distributed.

All interested persons in the United States and Canada ought to be able to read this historic document and get set right as to osteopathic priority. Tell the public about it through your local newspapers. Send a copy of the "Catechism" to every patient you ever treated. Why not lay down the trump cards when you hold them all in your own hand? How many "Catechisms" will you use?

THE BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
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What Is the Chief Factor in Most Diseases that Flesh Is Heir to?

Local Inflammation

HENCE to treat Local Inflammation directly is to reach and remove the cause as well as to relieve symptoms. DIONOL DOES BOTH!

DIONOL acts directly to oppose and overcome Local Inflammation, acting in harmony with established physiological principles, and giving practical clinical results.

If case records mean anything to you, we can submit abundant evidence of the practical efficiency of DIONOL. If you prefer to make it a case of "the proof of the pudding," send for literature, clinical reports, pamphlet and

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STRICKEN ON TRAIN

Dr. Harry Remsen Iehle of Montclair, N. J. was stricken on a train en route from Bangor, Me., to Boston on September 24 and died shortly after. He was born in Philadelphia in 1877 and had practiced in Montclair for twelve years. He is survived by his wife Dr. Adaline Wheeler Iehle, a son and daughter.

CAMPAIGN FOR HOSPITAL

During the past month a campaign to raise $50,000 for improvements to the Rocky Mountain Osteopathic Hospital, Denver, Col., has been conducted by a committee of six osteopaths and a citizens committee of 100 leading business men, headed by Governor Shoup. The hospital has been open a year and has so far made expenses. The large number of patients, however, is necessitating an addition to increase the capacity of the hospital. Several laboratories, a complete x-ray equipment and other improvements also are needed. The hospital committee in charge of the campaign includes Drs. R. R. Daniels, Ralph Jones, M. A. Morrison, George W. Perrin, D. H. Craig and Howard E. Lamb.

Dr. Martha A. Morrison has been elected Office Manager of the Rocky Mountain Osteopathic Hospital, and has moved her office from 528 Empire Building, Denver, to the Hospital, 2221 Downing Street, Denver, Colorado.

LARGE CLASS AT PHILADELPHIA COLLEGE

The Philadelphia College of Osteopathy opened for the fall term on September 21 with the largest enrollment in its history. Students from a dozen or more States are in attendance.

FLORIDA STATE BOARD

A meeting of the Board of Osteopathic Examiners of the State of Florida will be held in New Smyrna on October 28 and 29.

PERSONAL

Governor Groesbeck has just reappointed Dr. O. O. Snedeker of Detroit, a member of the Michigan State Board of Registration and Examination in Osteopathy for a term of five years. This is Dr. Snedeker's third appointment on this Board.

Dr. Asa Willard, Missoula, Montana, has moved his offices to the Smead-Simons Building, a modern building just erected. The doctor had been in his former offices for eighteen years, and he simply had to have more room.

Dr. Francis A. Cave, of Boston, announces that he has fully regained his health and has resumed his practice.

Dr. T. J. Ruddy, of Los Angeles, recently made an extended tour of the East, attending seven conventions, spending twenty-eight days lecturing and demonstrating, performing more than 500 operations in addition to examinations and treatments, and incidentally catching the biggest fish in the Saw Tooth Range.

Stepping Stones to Health

Suggestions as to Proper Selection of Foods and the Correct Method of Preparing and Eating Them.

By
James P. Pursell, M. D.

who for fifteen years has given special attention to food and its relation to health and disease.

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The book every Osteopathic Physician should have.

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Pepsodent PAT. OFF. REG. U.S.

A Modern Dentifrice

An acid tooth paste which brings five effects desired by modern authorities

BONES AND MANIKINS

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Established 28 Years

Dr Roy M. Wolf, who was nine years in practice at Big Timber, Montana, has become associated with Dr. George A. Townsend at Chico Hot Springs, Emigrant, Montana.

Dr. Roger M. Gregory, formerly resident interne at the Philadelphia College of Osteopathy, and who served in the Medical Corps during the war, has opened an office at 916 Delaware Avenue, Wilmington, Del.

Dr. Jane D. W. Hall, of Caribou, Maine, has been appointed by Governor Baxter to membership in the State Board of Examination and Registration of Osteopaths.

Dr. Thomas Charles Morris, professor of osteopathic technique at the Chicago College of Osteopathy, has recently visited many cities of the east, conducting classes in osteopathic diagnosis and technique and giving clinical demonstration of his methods.

Dr. W. E. Allen, of Moscow, Idaho, who has been practicing osteopathy for several years, will go to Juneau, Alaska, to preach. Dr. Allen was a minister of the M. E. Church before taking up osteopathy.

The wife of Dr. H. F. Morse, of Wenatchee, Washington, was recently the victim of an auto accident, suffering lesions, scratches and bruises besides nervous shock.

Dr. Curtis H. Muncie, Brooklyn, has moved his offices to No. 195-205 Hicks Street, where he has increased his capacity and equipment for the exclusive practice of Operative Constructive Finger Surgery of the Ear, Nose and Throat.

Dr. Marion K. Hain, a graduate of the A. S. O. announces the opening of offices at Dowagiac, Mich.

An interesting co-incidence is that the Rev. Merrill C. Ward, pastor of St. Paul's Universalist Church, Jamaica Plain, Boston, Mass., should be graduated as a D.O. this year by the Massachusetts C. O. and celebrate on September 25 the twenty-fifth anniversary of his ordination to the Christian ministry.

BORN

To Dr. and Mrs. George Ross Starr of Orange, N. J., on August 8, a daughter, Marguerite.

To Dr. and Mrs. W. R. Bairstow, Warren Bend, September 18, a daughter. Dr. E. G. Drew of Philadelphia College and Hospital was in charge of the case.

FOR SALE—A growing and good practice in a wealthy northwestern town and community of about 40,000 people. Reason for selling—unable physically to do the work.—Northwest.

WANTED—At Detroit Osteopathic Hospital, Junior Interne, $25.00 per month and full maintenance.

CODY WANTS OSTEOPATHY

Cody, Wyoming, needs an osteopath. Mrs. P. J. Palm, of that city has well equipped offices left by her deceased husband, and will be glad to dispose of them to capable osteopathic physician.

Elimination

GOOD Health depends largely on proper elimination and nourishing foods. And bowel regularity is one of the first considerations in all severe cases.

Dr. B. Houseman of Marietta, Ohio, was so well pleased with the results that 120 pounds of PHOSFO were purchased in only two months. PHOSFO proved to be a most effective agent in cleansing the alimentary canal. Congested bowels which previously defied all efforts were easily overcome.

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VITAMINES
Bowel Lubricant

PHOSFO is that part of grain which feeds the brain, nerve bone, and tooth. It is not only a nourishing food—but also contains vitamines so essential to good health, and a rich concentrated oil that acts as a lubricant to the blood and the bowels.

PHOSFO is a delicious food—fresh, smooth and of a rich, nutty flavor. It can be eaten alone—as a breakfast food—or spread over fruits and other foods.

No case of constipation can withstand a few teaspoonsful of PHOSFO.

MY OFFER

PHOSFO is the phosfate elements of grain, containing also the vitamines and a rich oil.

I guarantee every ounce, and if you are not entirely pleased and benefited after receiving the special offer below, I will gladly refund. I know that once I prove to you that PHOSFO is exactly what I represent it to be, you will heartily indorse it, and recommend it.

A. B. KLAR
Food Specialist
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Dover, Ohio, U.S.A.

Enclosed is One Dollar. Please send me parcel post prepaid, one can of PHOSFO, that I may make a thorough test of your new food. If it does what you claim I will be glad to recommend it.

Name.....

Address.....

PAIN

is often a blessing in disguise because it drives the sufferer to see the Physician, where the *cause* may be ascertained—Painless disorders are the dangerous ones.

But, whatever the cause of the *pain*, the patient when he comes to you and wants relief—you don't want to give him an opiate—often a local analgesic will help your work.

BETUL-OL has been the friend in need many a time.

It is an oil of remarkable value in rheumatic and inflammatory conditions, as it aids in the absorption and elimination of certain toxins and its effects as a counter-irritant are soothing and beneficial. Applied after a treatment in many painful conditions and applied by the patient at home between treatments has been found very helpful.

A physician's sample will be sent upon request

E. FOUGERA & CO., INC.
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Other useful preparations: WINTOGEN for external local application and I. D. L. LUBRICANT for instruments or fingers in vaginal and rectal work.

Of Frequent Service to the Osteopath

THE ORIGINAL

Reliable, strengthening food-drink that is easily assimilated in digestive, nervous and anemic disorders and all conditions requiring a selected diet. Refreshes the operator after tedious treatments.

Avoid Imitations ***Samples Prepaid Upon Request***

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Edmiston, S. Cameron (Pc.) Story Building, Los Angeles.

Skinner, Bertella K. (L.A.), 1715 Ocean Avenue, Santa Monica.

Thompson, W. H. (A.), 883 Main Street, Riverside.

Georgia

Phelps, John W. (So), 656 Candler Annex, Atlanta.

Illinois

Finfrock, R. M. (A), Bement.

Fink, Chas. A. (Ac.), 17 North State Street, Chicago.

Roddy, Robert (A), 123½ West Second Street, Kewanee.

Youngquist, Ida W. (A.), Auditorium Building, Chicago.

Iowa

Andrews, Stacy M. (L.A.), 8½ South Frederick Street, Oelwein.

Clark, J. A. (D.M.S.), Century Building, Des Moines.

Kentucky

Gilbert J. Thos. (S.S.), City National Bank Building, Paducah.

Massachusetts

Jenkin, Richard (Mc), Slater Building, Worcester.

Sprague, J. H. (A), Slater Building, Worcester.

Minnesota

Simpson, Robert H. (S.), 3837 Chicago Avenue, Minneapolis.

Ohio

Cooke, Herbert T. (A.), Clayton.

Waters, Eugene C. (A.), Foulke Blk., Chillicothe.

Pennsylvania

Chapdelain, Ernest E. (A.), Osteo. Hospital of Philadelphia, Philadelphia.

Couch, M. G. (S.S.), Empire Building, Philadelphia.

Texas

Kenney, Helene E. (A.), W. T. Waggoner Building, Fort Worth.

CHANGES OF ADDRESS

Anderson, Ellen C., from Kansas City, Mo., to 411 South Elm Street, Pittsburg, Kans.

Bailey, John H., from Empire Building, to 1623 Spruce Street, Philadelphia, Pa.

Barto, Ida E., from 565 Main Street, to 3 Baldwin Street, East Orange, N. J.

Beeman, Geo. M., from Springfield, Mass., to 336 St. Paul Street., Burlington, Vt.

Boswell, Adeline, from Fremont, Ohio, to 144 Waverly Ave., Grand Rapids, Mich.

Brann, E. C., from Coffeyville, Kans., to Blackwell, Okla.

Cobb, Myrtle C., from Seattle, to Denny Place, Everett, Wash.

Conner, R. W., from Hennen Building, to New Hibernia Bank Building, New Orleans, La.

Cook, Geo. T., from Glenwood Avenue, to 542 Linwood Avenue, Buffalo, N. Y.

Drew, I. W., from Land Title Building, to Real Estate Trust Building, Philadelphia, Pa.

Flint, Geo. C., from 706 Huntington Ave., to 1238 Commonwealth Ave., Boston, Mass.

Foster, C. F., from Salem, to Uglow Building, Dallas, Oregon.

Gage, Ora L., from Oshkosh, Wis., to 954 Beacon Avenue, Los Angeles, Cal.

Haynes, Hester C., from Clancy, to Choteau, Mont.

Henry, Aurelia S., from New York, N. Y., to 623 South Main Street, Geneva, N. Y.

Herring, Ernest M., from 170 West 73rd Street, to 9 East 46th Street, New York, N. Y.

Higginbotham, Carrie M., from 1205 East Street, to 1110 Court Street, Honesdale, Pa.

Johnson, Jessie B., from Mahoning Bank Building, to Home Savings and Loan Building, Youngstown, Ohio.

Ketchem, Lavina A., from Minneapolis, Minn., to Northville, Mich.

Killoren, Frances, from DeGraff Building, to Ferguson Building, Colorado Springs, Colo.

Kohlmeyer, Paul R., from Lincoln, to Weeping Water, Neb.

Lawrence, Chauncy, from Asheville, N. C., to Arcue Building, Springfield, Ohio.

Mayers, Rebecca B., from Woodward Avenue, to Hayward Building, Detroit, Mich.

Moseley, J. Robert, from Petoskey, Mich., to St. Augustine, Fla.

Muncie, Curtis H., from 476 Clinton Avenue, to 195-205 Hicks Street, Brooklyn, N. Y.

Patterson, E. W., from Taylor Building, to Francis Building, Louisville, Ky.

Schmidt, C. Rivers, from Kirksville, to Ferguson, Mo.

Shultz, R. W., from Garner, Ia., to 4542 North Leavitt Street, Chicago, Ill.

Stern, M. A., from St. Paul, Minn., to 2202 East 18th Street, Kansas City, Mo.

Sterrett, R. R., from First National Bank Building, to Smead-Simons Building, Missoula, Mont.

Taylor, Chas. E., from Clarksdale, Miss., to Packard Building, El Dorado, Ark.

Walker, Edith, from Santa Ana, to Wing Building, Banning, Cal.

Weber, Winifred, from DeGraff Building, to Ferguson Building, Colorado Springs, Colo.

Weed, Cora Belle, from 40 West 45th Street, to 112 West 72nd Street, New York City, N. Y.

Willard, Asa, from First National Bank Building, to Smead-Simons Building, Missoula, Mont.

Wilson, John H., from Detroit, Mich., to Lincoln Way at High, Auburn, Cal.

A Child's Gratitude

to his doctor, for prompt, comforting relief from the terrifying dyspnoea of Croup, or the cutting, burning pain of Tonsilitis, tends to increase the pleasure as well as profit in following the Healing Art.

Antiphlogistine

applied as hot as can be borne—quickly relieves the congestion by increasing the superficial circulation; promoting relaxation of spasm—free respiration and comfort to the little patient, indescribable in words, but amply apparent to the Medical Man in a grateful, confiding smile.

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AN institution where Osteopathy, Rest and the Milk Diet—the triangle of Health—are scientifically administered and controlled.

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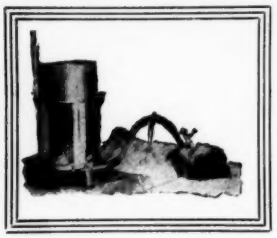

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An excellent form of food and medication in bacterial infections, owing to its high content of normal blood serum. BOVININE has been recomended by the medical fraternity ever since it was first put on the market in 1873.

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NAVAL OFFICER WANTS OSTEOPATHY

(Special Dispatch)

Washington, D. C., September—The Navy Department has received an official communication from Commander G. A. Bisset, Superintending Constructor U. S. N., Lake Torpedo Boat Company, Bridgeport, Conn., suggesting the establishment of a corps of osteopathic physicians in the navy. This brings to an official status the question which has been brewing in both the army and the navy ever since the beginning of the war. Washington has been flooded with protests from every quarter of the country and from all branches of the service against the red tape of medical authority which has prevented soldiers and sailors from having osteopathic treatment. The latest move is the entering wedge by which it is possible something may be accomplished to unravel the red tape.

Commander Bisset's communication says that the result of the establishment of a corps of osteopaths would be to increase the efficiency of the navy by keeping those in the service in better physical condition, that is, in a better state of health. "A healthy man is of much more use to the service than a sick man even if the sickness amounts to only a slight indisposition," writes Commander Bisset.

"Osteopathy is a science whose value has now been thoroughly demonstrated. While it could not replace surgery, it would be a most valuable adjunct. I know from personal experience that osteopathy shows wonderful results when applied to treatment of certain diseases that drugs will not help at all. It is believed that many other naval officers would give testimony similar to the above, relative to osteopathy."

Coincident with this question in the navy, is the action being taken at the conventions of the American Legion, looking toward securing osteopathic treatment for disabled veterans of the world war. At the present time hundreds of disabled veterans who have failed to secure relief by old school methods, are being cured by osteopaths, but the soldiers have to pay for the treatment out of their own pockets or the osteopaths have to give their services without compensation. The veterans claim that this is unjust to both parties, particularly as the osteopaths are required by law to have the same length of college eduaction as the medical man and are licensed to practice by state boards of registration.

The Storm Binder and Abdominal Supporter

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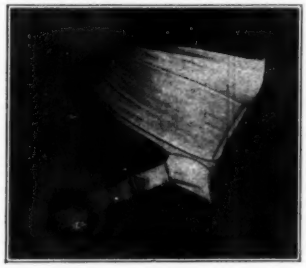

A washable Abdominal Supporter adapted to the use of men, women and children **for any purpose for which an abdominal supporter is needed.** For General Support—as in Visceroptosis, etc. For Special Support—as in Hernia, Relaxed Sacro-Iliac Articulations, etc. For Post-Operative Support—as after operations upon the stomach, gall bladder, etc.

Illustrated descriptive folder with samples of materials and physicians' testimonials will be forwarded upon request.

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Let Dr. Earle Willard Teach You His Standardized Contacts

THE post-graduate course, including nine separate and complete drills in Direct Leverage Adjustment With Speed, in over 50 contacts, contains only clear, concise information; and by following consistently the printed instructions, you can double your practice, yet actually lessen your work.

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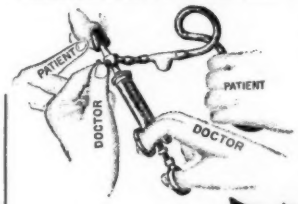

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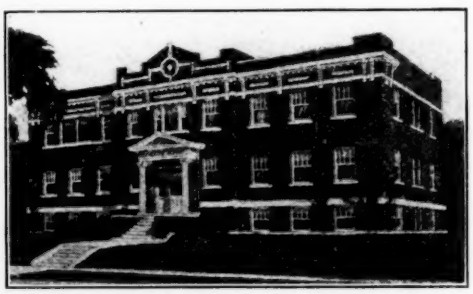

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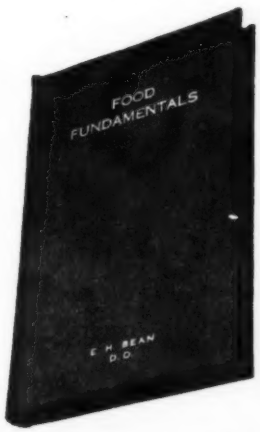

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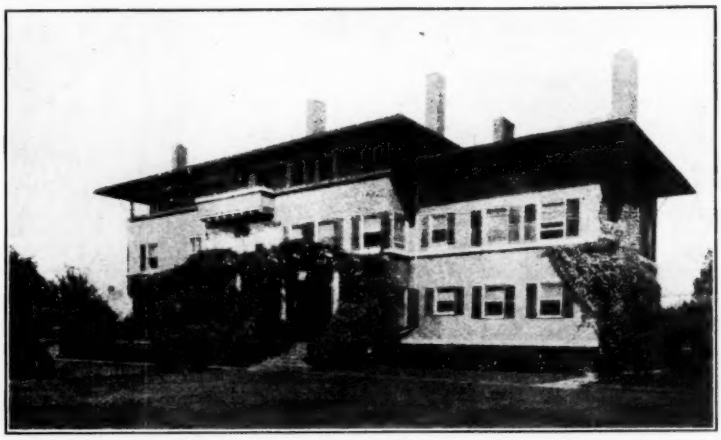

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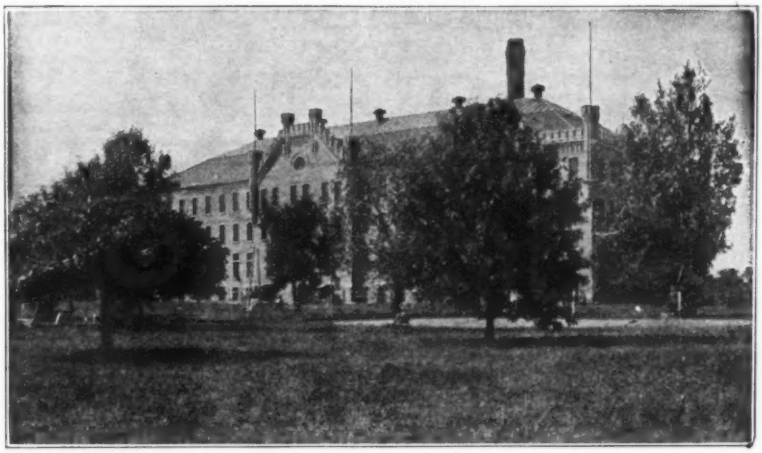

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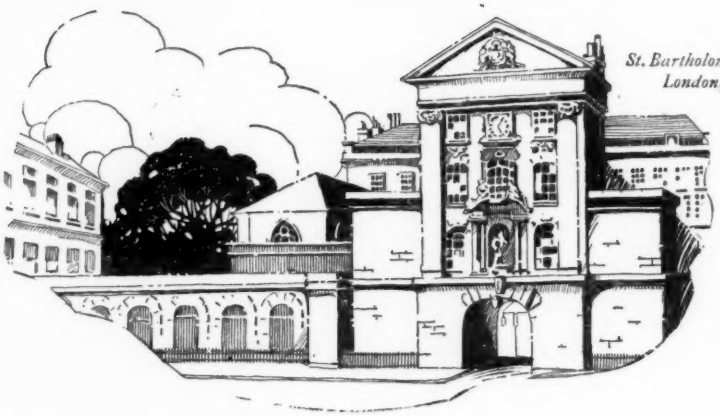

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